

RA
448.5
.N4
D8
1906

The Atlanta University Publications, No. 11

The
Health and Physique
of the
Negro American

A Social Study made under the direction of
Atlanta University by the Eleventh
Atlanta Conference

Price, 75 Cents

The Atlanta University Press
Atlanta, Georgia
1906

325.26
C76
1174



5. 26
76
11th
2 11 779

BOOK 325.26.C76 11th c.1
CONFERENCE FOR STUDY OF NEGRO
PROBLEMS ATLANTA GA # CONFERENCE



3 9153 00010185 9

RA
448.15
.A24
DX
1906

The Health and Physique of the Negro American

Report of a Social Study made under the direction of Atlanta University; together with the Proceedings of the Eleventh Conference for the Study of the Negro Problems, held at Atlanta University, on May the 29th, 1906

Edited by
W. E. Burghardt Du Bois
Corresponding Secretary of the Conference

The Atlanta University Press
Atlanta, Georgia
1906

3 2 5 2 6
1 7 6
1 1 5

IT is the cranial and facial forms that lead us to accept the consanguinity of the African Hamites, of red-brown and black color, with the Mediterranean peoples; the same characters reveal the consanguinity of the primitive inhabitants of Europe, and of their remains in various regions and among various peoples, with the populations of the Mediterranean, and hence also with the Hamites of Africa.

Sergi.

5
7
11
21

Analytical Table of Contents

	Page		Page
Plates		3. The Negro Brain	24
Numbers A-H, 1-48.		Weight of the brain (Denniker).	
Typical Negro-Americans.		Memorandum of M. N. WORK:	
Number 49.		Brain weights.	
Typical Negro drug store.		Unwarranted conclusions.	
		(Topinard), (Hunt), (Bean), (Donaldson).	25
Preface	5	Structure of brain.	26
The Atlanta studies.		Convulsions.	27
Data on which this study is based.		Changes in structure.	
Future work of Conference.		4. The Negro American	
Bibliography of Negro		The slave trade.	
Health and Physique	6	Sources of slaves	28
Bibliography of bibliographies.		The Negro-American type.	
Bibliography.		Bryce on the backward races.	
Negro Health and Physique	13	Race Mixture.	29
1. Races of Men		Census of Mulattoes.	
Ripley: The Aryan myth.		Degree of mixture.	30
The New Anthropology.	14	Types of Negro-Americans.	31
European Races.		Description of types.	
The Mediterranean Race.	15	A. Negro types.	33
Sergi's Conclusions:		B. Mulatto types.	34
Greek and Roman types.		C. Quadroon types.	35
African populations.		D. White types with Negro blood.	
2. The Negro Race	16	Conclusions.	36
The typical Negro (Ratzel).		Future of Race Mixture.	37
Color (Ripley), (Sergi).	17	Brazil.	38
Hair (Ripley).		5. Physical Measurements	39
The cranio-facial skeleton.	18	Average height of men (Denniker).	
The size of the head.		Cephalic index.	40
The facial angle (Denniker).		Measurements of army recruits.	41
History of human races.		Age and height.	42
First steps in human culture (Boas).		Age and weight.	44
The Negro and Iron (Boas).	19	Age and chest measurement.	46
Egyptian civilization.		Washington school children.	48
African agriculture (Boas).		Kansas city school children.	50
African culture (Boas):	20	Conclusions.	51
Markets.		Psycho-physical measurements.	
Handicaps.		Dietaries of Negroes.	52
Inferiority of the Negro.	21	6. Some Psychological Consid-	
Negro development (Ratzel).		erations on the Race Problem	53
Climate of Africa.	22	(by DR. HERBERT A. MILLER).	
Geography.		Psycho-physical comparison.	
Slave Trade.		Environment.	
Present inhabitants (Denniker).	23	Psychology.	54
Composition of population (Ratzel).		Psycho-physics.	
		Indians and Negroes.	55
		Weissman.	

ELEVENTH ATLANTA CONFERENCE

John Morley.	56	Age and death.	
Inner life of Negroes.		Infant Mortality.	79
Psycho-physical tests.	57	Improvements in infant mor-	
Quickness of perception.		tality.	
Disconnected memory.		Changes in rates by age periods.	81
Logical memory.	58	Effect of environment.	
Color choice.		Normal death rates.	
Meaning of results.	59	Army statistics, 1890-1900.	
Music.		1900-1904.	82
Consciousness of kind.		Memorandum by R. R. WRIGHT, JR.:	
7. The Increase of the Negro		Mortality in cities:	
American	60	Death rates North and South.	
Increase 1791-1900.		Corrected death rates.	83
Wilcox's estimates.		Consumption North and South.	84
Birth rate.	61	Infant mortality.	
Comparison of children and wo-		Climate.	85
men of child-bearing age.		Season.	86
Comparison of children and pop-		Philadelphia.	
ulation.	62	Causes of death.	87
Children and child-bearing wo-		Sickness.	89
men in cities.	63	Social condition.	
Conclusions.		Improvement.	90
Age composition.		10. Insurance	91
Median age.		Discrimination vs. Negroes.	
General age comparison	64	Experience of Insurance Compa-	
Sex distribution.		nies.	92
8. The Sick and Defective	65	True Reformers.	92
Race and disease (Ripley).		11. Hospitals	93
Consumption.		Distribution of Negro hospitals.	
Syphilis.		Statistics of Negro hospitals.	94
Alcoholism.		12. Medical Schools	95
Army recruits.		Negro medical schools:	
Causes of rejection	6	Meharry.	
1901-1902.		Howard.	
1903-1904.	67	Leonard.	
Racial differences	68	Flint.	96
Disease in army.		Louisville.	
Specific diseases.	69	Knoxville.	
Veneral diseases.	70	13. Physicians	
Malarial diseases.		Census returns.	
Insane.		Age.	
Feeble minded.	71	Distribution of physicians.	97
Incomplete records.		1895.	
The Blind.		1905.	
Schooling.	72	Schools barring Negroes.	98
The Deaf.		Schools without Negro students.	99
9. Mortality		Graduates of Northern schools.	100
General death rate, 1890 and 1900.		Reports from Northern schools.	101
Chief diseases.	73	Success of physicians.	102
Infant Mortality.		Mob violence.	105
Death rate by races, registration		14. Dentists and Pharmacists	106
area, city and county.		Census returns.	
Death rates, 1725-1860.	74	Graduates in dentistry.	
Mortality of freedmen 1865-1872.		Graduates in pharmacy.	107
Tendency of death rates.	75	Drug stores.	
Causes of deaths.	76	Statistics.	108
Conclusions.		Reports.	
Deaths by diseases:		15. The Eleventh Atlanta Con-	
Consumption.		ference	109
Pneumonia.	77	Programme.	
Heart disease and dropsy.		Resolutions.	110
Diarrheal diseases.			
Diseases of nervous system.			
Suicide.	78		
Alcoholism.			

A



B



C





D



E



F



G



H



1



2



3



4



5

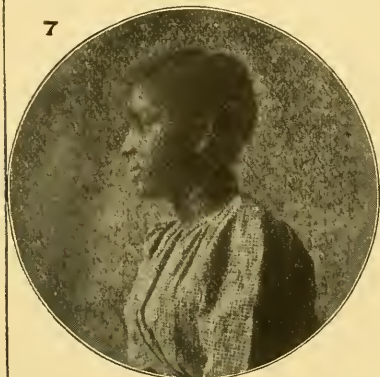


6





7



7



8



9



10



11



12



13



14



14



15



16





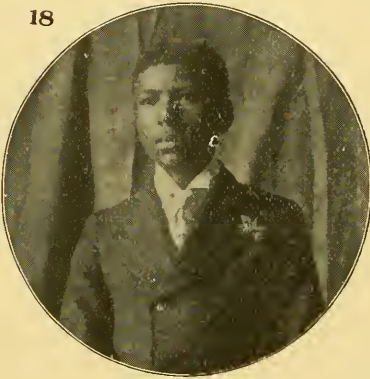
17



17



18



19



20



21



22



23



24



25



26



27





28



29



30



31



32



33



34



35



36



37



38



39





40



40



41



42



43



43







Preface

A study of human life today involves a consideration of human physique and the conditions of physical life, a study of various social organizations, beginning with the home, and investigations into occupations, education, religion and morality, crime and political activity. The Atlanta Cycle of studies into the Negro problem aims at exhaustive and periodic studies of all these subjects as far as they relate to the Negro American. Thus far we have finished the first decade with a study of mortality (1896), of homes (1897), social reform (1898), economic organization (1899 and 1902), education (1900 and 1901), religion (1903) and crime (1904), ending with a general review of methods and results and a bibliography (1905).

The present publication marks the beginning of a second cycle of study and takes up again the subject of the physical condition of Negroes, but enlarges the inquiry beyond the mere matter of mortality. This study is based on the following data:

- Reports of the United States census.
- Reports of the life insurance companies.
- Vital records of various cities and towns.
- Reports of the United States Surgeon General.
- Reports from Negro hospitals and drug stores.
- Reports from medical schools.
- Letters from physicians.
- Measurements of 1,000 Hampton students.
- General literature as shown in the accompanying bibliography.

Atlanta University has been conducting studies similar to this for a decade. The results, distributed at a nominal sum, have been widely used. Notwithstanding this success, the further prosecution of these important studies is greatly hampered by the lack of funds. With meagre appropriations for expenses, lack of clerical help and necessary apparatus, the Conference cannot cope properly with the vast field of work before it.

Especially is it questionable at present as to how large and important a work we shall be able to prosecute during the next ten-year cycle. It may be necessary to reduce the number of conferences to one every other year. We trust this will not be necessary, and we earnestly appeal to those who think it worth while to study this, the greatest group of social problems that has ever faced the nation, for substantial aid and encouragement in the further prosecution of the work of the Atlanta Conference.

Bibliography of Negro Health and Physique

A large part of the matter here entered is either unscientific or superceded by later and more careful work. Even such matter, however, has an historic interest.

Bibliography of Bibliographies

Catalogue of the Library of the United States Surgeon General's Office. See *Negro*.

Bibliography

- Abel, J. J., and Davis, W. S.—On the pigment of the Negro's skin and hair. J. Exper. M. New York, 1896.
- Alcock, N. and others.—Negroes; why are they black? Nature, 30:501; 31:3.
- Angerbliche (Die) Inferiorität der Neger-Rasse.
- Atlanta University Publications.—Mortality among Negroes in Cities. Atlanta, 1896.
- Social and Physical Condition of Negroes in Cities. Atlanta, 1897.
- Atwater, W. O., and Woods, Chas. D. Dietary studies with reference to the food of Negroes in Alabama in 1895-1896. Washington, 1897. (U. S. Dept. Agr.)
- Babcock, J. W.—The colored insane. New Haven(?) 1895.
- Baldwin, Ebenezer.—Observations on the physical, intellectual, and moral qualities of our colored population. New Haven, 1834.
- Ball, M. V.—The mortality of the Negro. Med. News, LXIV, 389.
- Vital statistics of the Negro. Med. News, LXV, 392.
- Balloch, E. A.—The relative frequency of fibroid processes in the dark skinned races. Ibid, 29-35.
- Baxter, T. H.—Statistics; Medical and Anthropological, of the provost Marshall General's Bureau. Washington, 1875.
- Bean, R. B.—On a racial peculiarity in the brain of the Negro. Proc. Ass. Am. Anat. Balt. 1904-5.
- The Negro Brain. Century, Vol. 72, pp. 778 and 947.
- Beazley, W. S.—Peculiarities of the Negro. Med. Progress, XV, 46.
- Black and white ratios for eleven decades. Nation, 73:391-2.
- Bodington, Alice.—The importance of race and its bearing on the "Negro question." Westminster. Rev., CXXXIV, 415-427.
- Brady, C. M.—The Negro as a patient. N. Orl. M. & S. J., LVI. 431-445.
- Broadnax, B. H.—New born infants of African descent. N. Y. M. Times, 1895.
- Color of Infant Negroes. Miss. M. Rec., VII, 174.
- Broca, Dr. Paul.—The phenomena of hybridity in the genus homo. London, 1864.
- Brown, F. J.—The northward movement of the colored population. A statistical study. Baltimore, 1897.
- Browne, Sir T.—Of the blackness of Negroes. In his works, 2:180-197.
- Bryce, Jas.—The relations of the advanced and the backward races of mankind. Oxford, 1892. 46 pp.
- Bryce, T. H.—On a pair of Negro Femora. J. Anat. and Physiol., 32:76-82.
- Notes on the myology of a Negro. Ibid, 31:607-618.
- Buchner, M.—Psychology of Negro. Pop. Sci. Mo., 23:399.

- Burmeister, H.—The black man; the comparative anatomy and physiology of the African Negro. Transl. by Julius Friedlander and Robert Tomes. New York, 1853.
- Buschan, G.—Zur Pathologie der Neger. Arch. per l'antrop., XXXI, 357-375.
- Byers, J. W.—Diseases of the Southern Negro. Med. and Surg. Reporter, LVIII, 731-37.
- Campbell, J.—Negro-mania; being an examination of the falsely assumed equality of the various races of men. Philadelphia, 1851.
- Capacity of Negroes. Spectator, 75:927.
- Cartwright, S. A.—Physical characteristics of Negroes. DeBow's Review, 11:184.
- Diseases of Negroes. DeBow's Review, 11:29, 331, 504.
- Castellanos, J. J.—The rural and city Negro pathologically and therapeutically considered. Proc. Orleans Parish M. Soc., 1895. 111 pp., LXXX-LXXXV.
- Castonnel des Fosses. La race noire dans l'avenir. Assoc. franc. pour l'avance. d. sc. 18: pt. 1, 377-380.
- Causes of color of the Negro. Portfolio (Dennie's), 12:6447.
- Chittenden, C. E.—Negroes in the United States. Pop. Sci. Mo., 22:341.
- Clark, G. C.—The immunity of the Negro race to certain diseases and the causes thereof. Maryland M. J., XXXVIII, 222-4.
- Clarke, R.—Short notes of the prevailing diseases in the colony of Sierra Leone, with a return of the sick Africans sent to hospital in eleven years, and classified medical returns for the years 1853-4; also tables showing the number of lunatics admitted to hospital in a period of thirteen years and the number treated from April, 1842, to March, 1853. J. Statist. Soc., XIV, 6081.
- Coates, B. H.—The effects of secluded and gloomy imprisonment on individuals of the African variety of mankind in the production of disease. Philadelphia, 1843.
- Cohn, H.—Die schleistungen der Dahoma-Neger. Wehnschr. f. Therap. u. Hyg. d. Auges, Bresl., 1898. 2:97.
- Coleman, W. L.—Some observations on consumption, diabetes, mellitus and consumption in the Negro. Alkaloid Clin., III, 114-116.
- The color of newly born Negro children. Lancet, 2:1419.
- The colored race in life assurance. Lancet, II, 902.
- Conradt, L., and Virchow, R.—Tabellarische Uebersicht der an Negern des Adellandes ausgeführten Aufnahmen. Verhandl. d. Gesellsch. f. Anthropol., 164-186.
- Corson, E. R.—The future of the colored race in the United States from an ethnic and medical standpoint; a lecture delivered before the Georgia Historical Society, June 6, 1887. XV, 193-226.
- The vital equation of the colored race, and its future in the United States. Wilder quart. century book. Ithaca, 1893. 115-175.
- Cowgill, W. M.—Why the Negro does not suffer from trachoma. J. Am. M. Ass., XXXIV, 399.
- Crawford, J.—On the physical and mental characteristics of the Negro. Tr. Ethn. Soc. 4:212-239.
- Croly, D. G., and others.—Miscegenation: theory of the blending of the races applied to the American white man and the Negro. N. Y., 1864.
- Cunningham, R. McW.—The morbidity and mortality of Negro convicts. Med. News, LXIV, 113-117.
- The Negro as a convict. Tr. M. Ass. Alabama, 1893. pp. 315-326.
- Cureau, A.—Essai sur la psychologie des races Negres en l'Afrique tropicale. Deuxieme partie: Intellectualite. Rev. gen. d. sc. pures et appliq., 36:638-679.
- Daniels, C. W.—Negro fertility and infantile mortality. British Guiana M. Ann., X, 8-17.
- P. D. A propos de Negres blancs. Rev. med. de Normandie, Rouen, 1905, 441. Les Negres blancs. J. de med. de Par., 1906. XVIII, 41.
- De Albertis, O.—Genesi, storia ed antropologia della razza Negra. Revista, VIII, 290-308.
- Degallier, Mlle. Alice.—Notes psychologiques sur les Negres Pahouins. Arch. de psychol., IV, 362-368.

- DeSaussure, P. G.—Is the colored race increasing or decreasing? Tr. South Carolina M. Ass., XLV, 119-121.
- Obstetrical observations on the Negroes of South Carolina. Tr. Pan-Am. M. Cong., 1895, pt. 1, 917-921.
- Diseases of Negroes. So. Quar. Review, 22:49.
- Distinctive peculiarities and diseases of Negroes. DeBow's Review, 20:612.
- Dixon, W. A.—The morbid proclivities and retrogressive tendencies in the offspring of mulattoes. Med. News, LXI, 180-182.
- Dr. Cartwright on the Negro. DeBow's Review, 32:54, 238; 33:62.
- DuBois, W. E. B.—The conservation of the races. American Negro Academy: Occasional Papers, No. 2.
- The Philadelphia Negro. Publications of the University of Pennsylvania, Nov. 14, 1890.
- Easton, Hosea.—A treatise on the intellectual character and condition of the colored people of the United States. Boston, 1837.
- Edelman, L.—The Negro as a criminal and his influence on the white race. Med. News, LXXXII, 196.
- Eijkman, C. The color of Negroes. Janus IV, 390.
- Falson, J. A.—Tuberculosis in the colored race. Med. Rec., LV, 375.
- Fehlinger.—Die Sterblichkeit der europäischen und der Neger-Rasse. Natur. Wehnschr., III, 280.
- Fletcher, R. M., Jr.—Surgical peculiarities of the Negro race. Tr. M. Ass. Ala., 1898, 49-57.
- Frederic.—Zur Kenntnis der Hautfarbe der Neger. Ztschr. f. Morphol. u. Anthropol., IX, 41-56.
- Freiberg, A. H., and Schroeder, J. H.—A note on the foot of the American Negro. Am. F. M. Sc., CXXXVI, 1033-1036.
- Frissell, H. B., and Bevier, Isabel.—Dietary studies of Negroes in eastern Virginia, 1897-1898.
- Gannett, H.—Are we to become Africanized? Pop. Sci. Mo., 27:145.
- Giacomini, G. Annotazioni sulla anatomia del Negro; 1. memoria. Gior. d. r. Accad. di med. di Torino, XXIV, 454-470.
- Annotazioni sulla anatomia del Negro; 2. memoria. Ibid., XXX, 729-803.
- Annotazioni sulla anatomia del Negro; 3. memoria. Ibid., XXXII, 462-500.
- Annotazioni sulla anatomia del Negro; 5. memoria. Ibid., XI, 17-64.
- Notes sur l'anatomie du Negre; 4. memoire. Arch. ital. de biol., IX, 119-137.
- Gilliam, E. W.—Negroes in the United States. Pop. Sci. Mo., 22:433.
- Glard, H.—Notes anthropométriques sur quelques Soudanais occidentaux, Malinkes, Bambaras, Foulahs, Soninkes, etc. Anthropologie, XIII, 41; 167; 323.
- Girtin, T. C.—Negroes, ancient and modern. DeBow's Review, 12:200.
- Gould, B. A.—Investigations in the military and anthropological statistics of American soldiers. Cambridge, 1869.
- Granville, R. K., and Roth, H. L.—Notes on the Jekris, Sobos and Ijos of the Warri district of the Niger Coast Protectorate. J. Anthropol. Inst., 1, 101-123.
- Gregoire, H.—Enquiry concerning the intellectual and moral faculties, etc., of Negroes. Brooklyn, 1810.
- Guenebault, J. H., editor.—Natural history of the Negro race. From the French. Charleston, 1837.
- Hamilton, J. C.—The African in Canada. Proc. Am. Ass. Adv. Sc., XXXVIII, 364-370.
- Harris, S.—The future of the Negro from the standpoint of the Southern physician. Ala. M. J., XIV, 57-58. Also: Am. Med., Phila., 1901, II, 373-376.
- Hecht, D. O.—Tubes in the Negro. Am. J. M. Sc., CXXXVI, 705-720.
- Herring, N. B.—The morphological and psychophysical intrinsicities of the Negro race.
- Herz, M. Der Bau des Negerfusses. Ztschr. f. orthop. Chir., XI, 168-174.
- Higgins, R. C.—Mortality among Negroes of the South. Nation, 15:105.
- Hodges, J. A.—The effect of freedom upon the physical and psychological development of the Negro. Richmond J. Pract., XIV, 161-171.

- Hoffman, F. L.—Race traits and tendencies of the American Negro. Vital statistics of the Negro. *Med. News*, LXV, 320-324.
- Vital statistics of Negroes. *Arena*, 5:529.
- Holcombe, W. H.—Capabilities of Negro race. *Southern Literary Messenger*, 33:401.
- Holley, Jas. T.—Vindication of the capacity of the Negro race, etc. New Haven, 1857.
- Howard, W. L.—The Negro as a distinct ethnic factor in civilization. *Medicine*, IX, 423-426.
- Hrdlicka, Ales.—Anthropological investigations on one thousand white and colored children of both sexes, the inmates of the New York juvenile asylum, etc. *N. Y.*, 189-(?).
- Hrdlicka, Ales.—Physiological difference between white and colored children. *Amer. Anthropol.*, 1898, II, pp. 347-50.
- Hunt, Jas.—The Negro's place in nature. *N. Y.*, 1864.
- Jacques.—Contribution a l'ethnologie de l'Afrique centrale; huit cranes du Haut-Congo. *Bull. Soc. d'anthrop. de Brux.* XV, 188-194.
- Jacques, V.—Mensurations anthropométriques de trente-neuf Negres du Congo. *Ibid.*, 237-241.
- Jarvis, Edward.—Insanity among the colored population, etc. *Phila.*, 1844.
- Johnson, J. T.—On some of the apparent peculiarities of parturition in the Negro race, with remarks on race pelvis in general. *Am. J. Obst.*, VIII, 88-123.
- Johnson, (R. H.)—The physical degeneracy of the modern Negro, with statistics from the principal cities, showing his mortality from A. D. 1700 to 1897.
- Johnston, G. W.—Abnormalities and diseases of the genito-urinary system in Negro women. *Maryland M. J.*, XX, 426-429.
- Johnstone, H. B.—Notes on the customs of the tribes occupying Mombasa sub-district, British East Africa. *J. Anthropol. Inst.*, XXXII, 263-272.
- Kollock, C. W.—The eye of the Negro. *Tr. Am. Ophth. Soc.*, VI, 257-268.
- Further observations of the eye of the Negro. *Tr. Pan-Am. M. Cong.*, Wash., 1895. Pt. 2, 1482-1484.
- Kulz.—Die hygienische Beeinflussung der schwarzen Rasse durch die weisse in Deutsch-Toga. *Arch. f. Rassen-u. Gesellch. Biol.*, II, 673-688.
- LeHardy, J. C.—Mortality among Negroes: the sanitary privileges to which they are entitled from the authorities. *Sanitarian*, XXXVII, 492-495.
- Lehman-Nitsche, R.—Die dunklen Haut flecke der Neugeborenen bei Indianern und malatten. *Globus*, LXXXVI, 297-309.
- Livini, F.—Contribuzioni alla anatomia del Negro. *Arch. per l'anthro.*, XXIX, 203-228.
- Lofton, L.—The Negro as a surgical subject. *N. Orl. M. & S. J.*, LIV, 530-533.
- Macalister, A.—On the osteology of two Negroes. *Proc. Roy. Irish Acad. Science*, III, 347-350.
- Macdonald, A.—Study of 16,473 white and 5,457 black children. *Report Com. Ed.*, 1897-8. Chapters 21 & 25.
- Colored children; a psycho-physical study. *J. Am. M. Ass.*, XXXII, 1140-1144.
- Macdonald, J. R. L.—East Central Africa customs. *J. Anthropol. Inst.*, XXII, 99-122.
- Notes on the ethnology of tribes met with during progress of the Juba expedition of 1897-9. *Ibid.*, II, 226-250.
- Mapes, O. C.—Remarks from the standpoint of sociology. *Med. Age*, XIV, 713-715.
- Matas, R.—The surgical peculiarities of the Negro: a statistical inquiry based upon the records of the Charity Hospital of New Orleans. *Tr. Am. Surg. Ass.*, XIV, 483; 610.
- Mays, T. J.—Increase of insanity and consumption among the Negro population of the South since the war. *Boston M. & S. J.*, CXXXV, 537-540.
- McGuire, H., and Lydston, G. F.—Sexual crimes among the Southern Negroes; scientifically considered. *Va. M. Month*, XX, 105-125.
- McIntosh, J.—The future of the Negro race. *Tr. South Car. M. Ass.*, 1891, 183-188.
- McIntosh, T. M.—Enlarged prostrate and spina bifida in the Negro. *Med. Rec.*, LIV, 350.
- McKie, T. J.—A brief history of insanity and tuberculosis in the Southern Negro. *J. Am. M. Ass.*, XXV, 111, 537.

- McVey, B.—Negro practice. N. Orl. M. & S. J., XX, 328-332.
- Miller, J. F.—The effects of emancipation upon the mental and physical qualifications of the Negro of the South. North Car. M. J., XXXVIII, 285-291.
- Miller, Kelly.—A review of Hoffman's "Race traits and tendencies." Washington, 1897.
- Michel, M.—Two cervical muscle anomalies in the Negro. Med. Rec., XLI, 125.
- Mitchell, Mary V.—Clinical Notes from diseases among colored children, Rep. Proc. Alumnae Ass. Woman's M. Coll., Penn., 50-58.
- Morison.—Notes sur la formation du pigment chez de Negre. Cong. internat. de edrmat. et de syph. C.-r., 1889, 130-131.
- Mortality among Negroes in cites. Proceedings of the conference for investigations of city problems, held at Atlanta University, May 26-27, 1896.
- De Mortillet, G.—Sur les Negres de l'Algerie et de la Tunisie. Bull. Soc. d'antrop., de Par., 1890, I, 353-359.
- Morton, A. S.—The color of newly born Negro children. Lancet, II, 1605.
- Murrell, T. E.—Peculiarities in the structure and diseases of the ear of the Negro. Tr. IX, Internat. M. Cong., III, 817-824.
- Muskat, G.—Der Plattfus des Negers. Deutsche med. Wchnschr. XXVIII, 471.
- Musser, J. H.—Note on pernicious anemia and chlorosis in the Negro. Univ. M. Mag., V, 770.
- Negro, equality of the races. So. Quar. Review, 21:153.
- Negro Insane. Charities Review, 10:8.
- Negro, The: what is his ethnological status? Cincinnati, 1872.
- Olivier.—Les troupes noires de l'Afrique orientale francaise. Rev. d. troupes colon., II, 97-129.
- Orr, J.—Some suggestions of interest to physicians on the scientific aspect of the race question, with particular reference to the white and Negro races. Va. M. Semi-Month., VIII, 90-95.
- Oson, Jacob.—A search for truth or an inquiry into the origin of the Negro, etc. N. Y., 1817.
- Paterson, J. S.—Negroes of the South: increase and movement of the colored population. Popular Science Monthly, 19:655, 784.
- Patton, G. W.—An essay on the origin and relative status of the white and colored races of mankind. Towanda, Pa., 1871.
- Peney, A.—Etudes sur les races du Soudan. Compt. rend. Acad. d. sc., XLVIII, 430.
- Perry, M. L.—Insanity and the Negro. Current Literature, 33:467.
- Some practical problems in sociology shown by a study of the Southern Negro. Atlanta Jour. Rec. Med., IV, 459-466.
- Petrie, W. M. F.—An Egyptian ebony statuette of a Negress. Man, I, 129.
- Physical characteristics of the Negro. So. Quar. Review, 22:49.
- Pittard, E.—De la survivance d'un type Negroide dans les populations modernes de l'Europe. Compt. rend. Acad. d. sc., CXXXVIII, 1533.
- Plehn, A.—Beobachtung in Kamerun, Ueber die Anschauungen und Gehrauche einiger Negerstamme. Ztsch. rf. Ethnol., XXXVI, 713-728.
- Ueber die Pathologie Kameruns mit Rucksicht auf die unter den Kustennegern vorkommenden Krankheiten. Arch. f. Path. Anat., CXXXIX, 539-549.
- Zur vergleichenden Pathologie der schwarzen Rasse in Kamerun. Ibid., CXLVI, 486-508.
- Wundheilung bei der schwarzen Rasse. Deutsche Med. Wchnschr., XXII, 544-546.
- Die acuten Infektions Krankheiten bei den Negern der aquatorialen Kusten Westafrikas. Virchow's Arch. f. Path. Anat., CLXXIV., Suppl. Hft., 1-103.
- Popovsky, J.—Les muscles de la face chez un Negre Achanti. Anthropologie, I, 413-422.
- Powell, T. O.—The increase of insanity and tuberculosis in the Southern Negro since 1860, and its alliance and some of the supposed causes. J. Am. M. A., XXVII, 1185-89.
- Pritchett, J. A.—Tuberculosis in the Negro. Ala. M. & S. Age, V, 386-421.
- Ramsay, H. A.—The necrological appearance of sonthern typhoid fever in the Negro. Thomson, Ga., 1852.

- Ratzel, F.—The History of Mankind; tr. from 2nd German edition by A. J. Butler. New York; 2 Vol., 1904.
- Ray, J. M.—Observations upon eye disease and blindness in the colored race. New York M. J., LXIV, 86-88.
- Regnault, F.—Pourquoi les Negres sont-ils noirs? (etude sur les causes de la coloration de la peau). Med. Mod., VI, 606.
- Reinsch, P. S.—The Negro race and European civilization. Am. J. Sociol., X, 1, 145, 167.
- Report of the committee on the comparative health, mortality, length of sentences, etc., of white and colored convicts. Philadelphia, 1849.
- Reyburn, R.—Type of disease among the freed people (mixed Negro races) of the United States, based upon the consolidated reports of over 430,466 cases of sick and wounded free people (mixed African races) and 22,053 of white refugees under treatment from 1865 to June 30, 1873, by medical officers of the Bureau of Refugees, Freedmen and Abandoned Lands. Med. News, LXIII, 623-627.
- Richardson, C. H.—Observations among the Cameroon tribes of West Central Africa. Mem. Internat. Cong. Anthropol., 199-207.
- Riley, H. C.—Color of new born Negroes. Med. Brief, XXVIII, 537.
- Ripley, W. Z.—The Races of Europe. New York, 1899.
- Robertson, John.—On the period of puberty in the Negro. Edinburgh, 1848.
- Robertson, T. L.—The color of Negro children when born. Ala. M. & S. Age, X, 413.
- Rodes, C. B., Jr.—The thoracic index in the Negro. Zusschr. f. Morphol. u. Anthropol., IX, 103-117.
- Rogers, J. G.—The effect of freedom upon the physical and psychological development of the Negro. Proc. Am. Med. Psychol. Ass., XVII, 88-98.
- Roscoe, J.—Notes on the manners and customs of the Baganda. J. Anthropol. Inst., XXXI, 117-130.
- Further notes on the manners and customs of the Baganda. Ibid., 1902. XXXII, 25-80.
- Roth, H. L.—Notes on Benin customs. Internat. Arch. f. Ethnol., XI, 235-242.
- Roy, P. S.—A case of chorea in a Negro. Med. Rec., XLII, 215.
- Scheppegrell, W.—The comparative pathology of the Negro in diseases of the nose, throat, and ear, from an analysis of 11,855 cases. Proc. Orleans Parish. M. Soc., III, pp. 85-88.
- Schiller-Tietz.—Die Hautfarbe der neugeborenen Neger kinder. Deutsche Med. Wehnschr., XXVII, 615.
- Schurtz, E.—Die geographische Verbreitung der Negertrachten. Ibid., IV, 139-53.
- Schwarzbach, B. B.—The power of sight of natives of South Africa. Brit. M. J., II, 1731.
- Semeleder, F.—Negroes in the Mexican Republic. Med. Rec., LVIII, 66.
- Sergi, G.—The Mediterranean Race. London, 1901.
- Shaler, N. S.—The transplantation of a race. Pop. Sc. Month., LVI, 513-24.
- The future of the Negro in the Southern States. Ibid., LVII, 147-156.
- The Neighbor: the natural history of human contrasts. (The problem of the African). Boston, 1904.
- Sholl, E. H.—The Negro and his death rate. Ala. M. & S. Age, III, 337-341.
- Shufeldt, R. W.—Comparative anatomical characters of the Negro. Med. Brief, XXXII, 26-28.
- Simonot.—Considerations sur la coloration de la peau de Negre. Bull. Soc. d'anthrop de Par., III, 140-152.
- Slavery and the diversity of the races. So. Quar. Review, 19:392.
- Smith, Anna T.—A study in race psychology. Pop. Sc. Monthly, L, 354-360.
- Sosinsky, T. S.—Medical aspects of Negro. Penn. Monthly, 10:529.
- Steffens, C.—Die Verfeinerung des Negertypus in den Vereinigten Staaten. Globus, LXXIX, 171-74.
- Stetson, G. R.—Memory tests. Psychol. Rev., 1897, IV, 285-9.
- Steuber.—Ueber Krankheiten der Eingeborenen in Deutsch Ostafrika Arch. f. Schiffs-u. Tropen-Hyg., VI, 111; 1903, VII, 57.
- Stevens, H. V.—Mittheilungen aus dem Frauenleben der Orang Belendas, der Orang Djakun und der Orang Laut. Bearbeitet von Max Bartels. Ztschr. f. Ethnol., XXXIII, 163-202.

- Steward, T. G.—Mortality of Negro. *Social Economist* 9:204.
- Stuhlmann, F.—Ein Wahehe-Skelet und die ethnologische Stellung der Lendu. *Verhandl. d. Berl. Gesellsch. f. Anthrop.*, 1894, 422-424.
- Stuhlmann, F., and Simon.—Anthropologische Aufnahmen aus Ost-Aurica. *Ibid.* 1895, 656-671.
- Subgenation: An answer to miscegenation. N. Y., 1864.
- Sykes, W.—Negro immunity from malaria and yellow fever. *Brit. M. J.*, 1904, II, 1776; 1905, I, 389.
- Talbot, E. S.—Negro ethnology and sociology. *Illinois M. Bull.*, V, 124-127.
- Tarbox, I. N.—The curse; or, the position in the world's history occupied by Ham. Boston, (?) 1864.
- Tate, H. R.—Notes on the Kikuyu and Kamba tribes of British East Africa. *J. Anthrop.*, Inst., XXXIV, 130-148.
- Testut—Contribution a l'anatomie des races Negres; dissection de trois nouveaux Negres. *Bull. Soc. d'anthrop. de Lyon*, IX, 51-68.
- Thomson, A.—Note on the skin and scalp of the Negro foetus. *J. Anat. and Physiol.*, XXV, 282-285.
- Thomson, Jas., M. D.—A treatise on the diseases of Negroes. Jamaica, 1820.
- Thompson, A.—Craniology (Negroid and non-Negroid skulls). *Man*, V, 101.
- Tiedemann, F.—Das Hirn des Negers mit dem des Europaers und Orang-Outangs verglichen. Heidelberg, 1837.
- Tipton, F.—The Negro problem from a medical standpoint. *New York M. J.*, XLIII, 549.
- Trager.—Vorstellung der weissen Negerin Amanua sammt ihrer angeblichen Schwester. *Verhandl. d. Berl. Gesellsch., f. Anthrop.*, 1902, 492.
- Trià, G.—Ricerche sulla cate del Negro (contribuzione allo studio sul significato funzionale dello strato graculoso e sulla diffusione del pigmento cutaneo). *Glor. internaz. d. sc. med.*, X, 365-369.
- Turner, Sir W.—Notes on the dissection of a third Negro. *J. Anat. and Physiol.*, XXXI, 624-626.
- United States Censuses:
 Number, 1790-1900.
 Sex and age, 1820-1900.
 Defectives, 1830-1900.
 Mulattoes, 1850, 1890 (1900).
 Mortality, 1800-1900.
 Delinquents, 1880-1900.
- United States Twelfth Census Bulletins.—References to the Negro-American:
 No. 1: Distribution.
 No. 4: Increase.
 No. 8: Negroes in the United States, by W. F. Wilcox and W. E. B. DuBois.
 No. 13: Ages.
 No. 14: Sexes.
 No. 15: Mortality.
 No. 22: Birth rate.
- Van den Gheyn, R. P.—L'origine Asiatique de la race noire. *Compt. rend. du Cong. scient. internat. d. catholiques*, Sect. 8, 132-154.
- Van Evrie, J. H.—Negroes an inferior race. New York, 1861.
- Valenti, G.—Varieta delle ossa nasali in un Negro del Soudan. *Mocitore. Zool. Ital.*, VIII, 191-194.
- Varlot, G.—Observations sur la pigmentation cicatricielle des Negres, et recherches microscopiques sur les naevi pigmentaires d'un mulatre. *Bull. Soc. d'anthrop. de Par.*, XII, 463.
- Verneau, R.—Les migrations des Ethiopiens. *Anthropologie*, X, 641-662.
- Virchow, R.—Kopfmaasse von 40 Wei- und 19 Kru-Negern. *Verhandl. d. Berl. Gesellsch. f. Anthrop.*, 1889, 85-93.
- Zwei junge Bursche von Kamerun und Togo. *Ibid.*, 541-545.
- Vital statistics of Negroes of the South. *DeBow's Review*, 21:405.
- Waltz, T.—Die Negervölker und ihre Verwandten. Leipzig, 1800.
- Waldeyer, W.—Ueber einige Gelehrte von Ost-Afrikanern. *Mitth. d. anthrop. Gesellsch. in Wien.*, XIV, 141-144.

- Walker, F. A.—Statistics of the colored race in the United States. Pub. Am. Statist. Ass. II, 91-106.
- Walton, J. T.—The comparative mortality of the white and colored races in the South. *Charlotte M. J.*, X, 291-294.
- The comparative mortality of the white and colored races in the South. *Charlotte (N. C.) M. J.*, X, No. 3, 291-294.
- Weisbach, A.—*Einige Schädel aus Ostafrika*. Wien, 1889.
- Whitaker, D. R.—Natural history of Negro. *Southern Literary Journal*, 3:151; 4:87.
- Why is the Negro black? *Scientific American*, 49:20125.
- Widenmann.—*Der Plattfuss des Negers*. *Deutsche Med. Wchnschr.*, XXVIII, 563.
- Williams, Daniel H.—Ovarian cysts in colored women. Reprint from "*Chicago Medical Record*." 12 pp.
- Wilser, L.—*Urgeschichtliche Neger in Europa*. *Globus*, LXXXVII, 45.
- Wolbarst, A. L., Provence D. M., and March, C. J.—The color of Negro babies. *Med. News*, LXXIII, 814.
- Wolff, B.—Deficient vulvar development in Negresses. *Med. Age*, XVI, 137.
- Wortman, J. L.—The Negro's anthropological position. Wash., 1891.
- Wyman, J.—Observations on the skeleton of a Hottentot. Boston, 1863.
- Willcox, Walter F.—The probable increase of the Negro race in the United States. *Quarterly Journal of Economics*, August, 1905.

Addendum

- Denniker, J.—*The Races of Man*. New York, 1904.

Negro Health and Physique

1. Races of Men

It is doubtful if many of the persons in the United States who are eagerly and often bitterly discussing race problems have followed very carefully the advances which anthropological science has made in the last decade. Certainly the new knowledge has not yet reached the common schools in the usual school histories and geographies. As Ripley says:

It may smack of heresy to assert, in face of the teaching of all our text-books on geography and history, that there is no single European or white race of men; and yet that is the plain truth of the matter. Science has advanced since Linnaeus' single type of *Homo Europeanus albus* was made one of the four great races of mankind. No continental group of human beings with greater diversities or extremes of physical type exists. That fact accounts in itself for much of our advance in culture.*

In our school days most of us were brought up to regard Asia as the mother of European peoples. We were told that an ideal race of men swarmed forth from the Himalayan highlands, disseminating culture right and left as they spread through the barbarous west. The primitive language, parent to all of the varieties of speech—Romance, Teutonic, Slavic, Persian, or Hindustanee—spoken by the so-called Caucasian or white race, was called Aryan. By inference this name was shifted to the shoulders of the people themselves, who were known as the Aryan race. In the days when such symmetrical generalizations held sway there was no science of physical anthropology; prehistoric archaeology was not yet. Shem, Ham, and Japhet were still the patriarchal

*Ripley, p. 108.

founders of the great racial varieties of the genus *Homo*. A new science of philology dazzled the intelligent world by its brilliant discoveries, and its words were law. Since 1860 these early inductions have completely broken down in the light of modern research; and even today greater uncertainty prevails in many phases of the question that would have been admitted possible twenty years ago.*

So, too, a leading Italian anthropologist says:

Whenever there has been any attempt to explain the origin of civilization and of the races called Aryan, whether in the Mediterranean or in Central Europe, all archaeologists, linguists, and anthropologists have until recent years been dominated by the conviction that both civilization and peoples must have their unquestionable cradle in Asia.†

As illustrating the former tendency, Sergi adds:

A celebrated anthropologist, when measuring the heads of the mummies of the Pharaohs preserved in the Pyramids, wrote that the Egyptians belonged to the white race. His statement meant nothing; we could construct a syllogism showing that the Egyptians are Germans, since the latter also are fair. De Quatrefages classified the Abyssinians among the white races, but if they are black, how can they be white?‡

The new anthropology, while taking into account all the older race insignia, like color, hair, form of features, etc., has added to these exact measurements of the underlying bony skeleton and other carefully collected data. Of these new measurements the form of the head is being most emphasized today.

The form of the head is for all racial purposes best measured by what is technically known as the cephalic index. This is simply the breadth of the head above the ears expressed in percentage of its length from forehead to back. Assuming that this length is 100, the width is expressed in a fraction of it. As the head becomes proportionately broader—that is, more fully rounded, viewed from top down—this cephalic index increases. When it rises above 80, the head is called brachycephalic, when it falls below 75, term dolichocephalic is applied to it. Indexes between 75 and 80 are characterized as mesocephalic.§

Based on the new measurements and discoveries, the chief conclusions of anthropologists today as to European races are as follows:

1. The European races, as a whole, show signs of a secondary or derived origin; certain characteristics, especially the texture of the hair, lead us to class them as intermediate between the extreme primary types of the Asiatic and the Negro races respectively.

2. The earliest and lowest strata of population in Europe were extremely long-headed; probability points to the living Mediterranean race as most nearly representative of it today.

3. It is highly probable that the Teutonic race of northern Europe is merely a variety of this primitive long-headed type of the stone age; both its distinctive blondness and its remarkable stature having been acquired in the relative isolation of Scandinavia through the modifying influences of environment and of artificial selection.

4. It is certain that, after the partial occupation of western Europe by a dolichocephalic Africanoid type in the stone age, an invasion by a broad-

* Ripley, pp. 452-3.

† Sergi, p. 1.

‡ Sergi, p. 35.

§ Ripley, p. 37.

headed race of decidedly Asiatic affinities took place. This intrusive element is represented today by the Alpine type of Central Europe.*

What was now this Mediterranean race whence the Europeans were primarily derived? Sergi adds:

In opposition to the theory of a migration from the north of Europe to the west and then to Africa, I am, on the contrary, convinced that a migration of the African racial element took place in primitive times from the south towards the north. The types of Cro-Magnon, L'Homme-Mort, and other French and Belgian localities, bear witness to the presence of an African stock in the same region in which we find the dolmens and other megalithic monuments erroneously attributed to the Celts.†

He adds:

We have no reason to suppose that the movement of emigration in the east of Africa stopped at the Nile valley; we may suppose that it extended towards the east of Egypt, into Syria and the regions around Syria, and thence into Asia Minor. It is possible that in Syria this immigration encountered the primitive inhabitants, or a population coming from northern Arabia, and mingled with them or subjugated them.‡

Sergi's conclusions are:

1. That the primitive populations of Europe originated in Africa.
2. The basin of the Mediterranean was the chief center of the movement whence the African migration reached central and northern Europe.
3. From this great Eurafrian stock came—
 - (a) The present inhabitants of northern Africa.
 - (b) The Mediterranean race.
 - (c) The Nordic or Teutonic race.
4. These three varieties of one stock were not "Aryan," nor of Asiatic origin.
5. The primitive civilization of Europe is Afro-Mediterranean, becoming eventually Afro-European.
6. Greek and Roman civilization were not Aryan but Mediterranean.§

This primitive race was a colored race:

If, therefore, as all consistent students of natural history hold today, the human races have evolved in the past from some common root type, this predominant dark color must be regarded as the more primitive. It is not permissible for an instant to suppose that 99 per cent of the human species has varied from a blond ancestry, while the flaxen-haired Teutonic type alone has remained true to its primitive characteristics.¶

The types of Greek and Roman statuary:

Do not in the slightest degree recall the features of a northern race; in the delicacy of the cranial and facial forms, in smoothness of surface, in the absence of exaggerated frontal bosses and supra-orbital arches, in the harmony of the curves, in the facial oval, in the rather low foreheads, they recall the beautiful and harmonious heads of the brown Mediterranean race.¶¶

Of the part of this great stock which remained in North Africa, Sergi says:

The area of geographical distribution of these African populations is immense, for it reaches from the Red Sea to the Atlantic, from the equator, and

* Ripley, p. 457-470.

† Sergi, p. 70.

‡ Sergi, p. 144.

§ Sergi, pp. V-VII.

¶ Ripley, p. 465.

¶¶ Sergi, p. 20.

even beyond the equator to the Mediterranean. In this vast area we find, when we exclude racial mixtures, that the physical characters of the skeleton, as regards head and face are uniform, but that the physical characters of the skin and intermediate parts, that is to say, the development and form of the soft parts, vary. This uniformity of the cranio-facial skeletal characters, which I consider the guiding thread in anthropological research, has led me to regard as a single human stock all the varieties distributed in the area already mentioned. In the varying cutaneous coloration I see an effect of temperature, of climate, of alimentation, and of the manner of life.*

2. The Negro Race

It has usually been assumed that of all races the Negro race is, by reason of its pronounced physical characteristics, easiest to distinguish. Exact studies and measurements prove this untrue. The human species so shade and mingle with each other that not only indeed is it impossible to draw a color line between black and other races, but in all physical characteristics the Negro race cannot be set off by itself as absolutely different. This was formerly assumed to be the case even by scientists and led to the queer *reductio ad absurdum* that very few real pure Negroes existed even in Africa. As Ratzel points out:

The name "Negro" originally embraces one of the most unmistakable conceptions of ethnology—the African with dark skin, so-called "woolly" hair, thick lips and nose; and it is one of the prodigious, nay amazing achievements of critical erudition to have latterly confined this (and that even in Africa, the genuine old Negro country) to a small district. For if with Waitz we assume that Gallas, Nubians, Hottentots, Kaffirs, the Congo races, and the Malagasies are none of them genuine Negroes, and if with Schweinforth we further exclude Shillooks and Bongos, we find that the continent of Africa is peopled throughout almost its whole circuit by races other than the genuine Negro, while in its interior, from the southern extremity to far beyond the equator it contains only light-colored South Africans, and the Bantu or Kaffir peoples.

Nothing then remains for the Negroes in the pure sense of the word save, as Waitz says, "a tract of country extending over not more than 10 or 12 degrees of latitude, which may be traced from the mouth of the Senegal river to Timbuctoo, and thence extended to the regions about Sennaar." Even in this the race reduced to these dimensions is permeated by a number of people belonging to other stocks. According to Latham, indeed, the real Negro country extends only from the Senegal to the Niger. If we ask what justifies so narrow a limitation, we find that the hideous Negro type, which the fancy of observers once saw all over Africa, but which, as Livingstone says, is really to be seen only as a sign in front of tobacco-shops, has on closer inspection evaporated from almost all parts of Africa, to settle no one knows how in just this region. If we understand that an extreme case may have been taken for the genuine and pure form, even so we do not comprehend the ground of its geographical limitation and location; for wherever dark woolly-haired men dwell, this ugly type also crops up. We are here in presence of a refinement of science which to an unprejudiced eye will hardly hold water.†

* Sergi, pp. 248-9.

† Ratzel, II, p. 313.

Three things have been especially emphasized as characteristic of Negroes: their color, hair and features. As to color in human beings, Ripley says:

One point alone seems to have been definitely proved: however marked the contrasts in color between the several varieties of human species may be, there is no corresponding difference in anatomical structure discoverable.

Pigmentation arises from the deposition of coloring matter in a special series of cells, which lie just between the translucent outer skin or epidermis and the inner or true skin known as the cutis. It was long supposed that these pigment cells were peculiar to the dark-skinned races; but investigation has shown that the structure in all types is identical. The differences in color are due, not to presence or absence of the cells themselves, but to variations in the amount of pigment therein deposited. In this respect, therefore, the Negro differs physiologically, rather than anatomically, from the European or the Asiatic.*

The cause of this physiological difference is climate, the rays of the sun, humidity, and such natural forces:

The best working hypothesis is . . . that this coloration is due to the combined influences of a great number of factors of environment working through physiological processes, none of which can be isolated from the others. One point is certain, whatever the cause may be—that this characteristic has been very slowly acquired, and has today become exceedingly persistent in several races.†

Sergi says of the Mediterranean race:

We may therefore conclude that as residence under the equator has produced the red-brown and black coloration of the stock, and residence in the Mediterranean the brown colour, so northern Europe has given origin to the white skin, blond hair, and blue or grey eyes. I believe we may consider this a beautiful example of the formation and variation of external characters among a section of the human race which from time immemorial has been diffused by migrations between the equator and the arctic circle, and has formed its external characters according to the variations of latitude and the concomitant external conditions.‡

As to hair, we are told that—

The two extremes of hair texture in the human species are the crisp, curly variety so familiar to us in the African Negro; and the stiff wiry straight hair of the Asiatic and the American aborigines. These traits are exceedingly persistent; they persevere oftentimes through generations of ethnic intermixture. It has been shown by Pruner Bey and others that this outward contrast in texture is due to, or at all events coincident with, real morphological differences in structure. The curly hair is almost always of a flattened, ribbon-like form in cross section, as examined microscopically; while, cut squarely across, the straight hair more often inclines to a fully rounded or cylindrical shape. Moreover, this peculiarity in cross section may often be detected in any crossing of these extreme types. The result of such intermixture is to impart a more or less wavy appearance to the hair, and to produce a cross section intermediate between a flattened oval and a circle. Roughly speaking, the more pronounced the flatness the greater is the tendency toward waviness or curling, and the reverse.§

* Ripley, p. 58.

† Ripley, p. 62.

‡ Sergi, p. 254.

§ Ripley, p. 457.

Anthropologists today are putting less stress on the development of the soft parts of the human frame—the skin, nose, cheeks and lips, but have come to regard the cranio-facial skeletal characteristics as “the guiding thread on anthropological research.”* Even here the matter of absolute size and weight is of minor importance;

Equally unimportant to the anthropologist is the absolute size of the head. It is grievous to contemplate the waste of energy when, during our civil war, over one million soldiers had their heads measured in respect of this absolute size; in view of the fact that today anthropologists deny any considerable significance attaching this characteristic. Popularly, a large head with beetling eyebrows suffices to establish a man's intellectual credit; but like all other credit, it is entirely dependent upon what lies on deposit elsewhere. Neither size nor weight of the brain seems to be of importance. The long, narrow heads, as a rule, have a smaller capacity than those in which the breadth is considerable, but exceptions are so common that they disprove the rule. Among the earliest men whose remains have been found in Europe, there was no appreciable difference from the present living populations. In many cases these prehistoric men even surpassed the present population in the size of the head. The peasant and the philosopher can not be distinguished in this respect. For the same reason the striking difference between the sexes, the head of the man being considerably larger than the head of the woman, means nothing more than *avoidsupois*, or rather it seems merely to be correlated with the taller stature and more massive frame of the human male.†

Great stress used to be put on the facial angle, but we are told now that—

Prognathism, that is to say the degree of projection of the maxillary portion of the face, is a characteristic trait of certain skulls; however, it does not seem to play so important a part in the classification of races as anthropologists had thought twenty or thirty years ago. It presents too many individual varieties to be taken as a distinctive character of race.‡

We have, then, in the so-called Negro races to do with a great variety of human types and mixtures of blood representing at bottom a human variation which separated from the primitive human stock some ages after the yellow race and before the Mediterranean race, and which has since intermingled with these races in all degrees of admixture so that today no absolute separating line can be drawn.

The real history of human races is unknown. A probable theory would be that the first great division of men took place at the roof of the world, the Asiatic Himalaya mountains; that here the primitive brown stock of men divided—those to southward gradually through ages becoming long-headed and tall, and those to northward broad-headed and shorter. From the southern long-headed variety developed in ages the closely allied Negro and Mediterranean races and from the Mediterranean race and the invading Asiatics came modern Europeans.

The first great step in civilization which mankind took after the Stone Age was the discovery and use of iron.

“The achievements of races are not only what they have done during

* Sergl, p. 249.

† Ripley, p. 43.

‡ Denniker, p. 63.

the short span of 2,000 years, when with rapidly increasing numbers the total amount of mental work accumulated at an ever increasing rate. In this the European, the Chinaman, the East Indian, have far outstripped other races. But back of this period lies the time when mankind struggled with the elements, when every small advance that seems to us now insignificant was an achievement of the highest order, as great as the discovery of steam power or of electricity, if not greater. It may well be, that these early inventions were made hardly consciously, certainly not by deliberate effort, yet every one of them represents a giant's stride forward in the development of human culture. To these early advances the Negro race has contributed its liberal share. While much of the history of early invention is shrouded in darkness, it seems likely that at a time when the European was still satisfied with rude stone tools, the African had invented or adopted the art of smelting iron.

"Consider for a moment what this invention has meant for the advance of the human race. As long as the hammer, knife, saw, drill, the spade and the hoe had to be chipped out of stone, or had to be made of shell or hard wood, effective industrial work was not impossible, but difficult. A great progress was made when copper found in large nuggets was hammered out into tools and later on shaped by melting, and when bronze was introduced; but the true advancement of industrial life did not begin until the hard iron was discovered. It seems not unlikely that the people that made the marvelous discovery of reducing iron ores by smelting were the African Negroes. Neither ancient Europe, nor ancient western Asia, nor ancient China knew the iron, and everything points to its introduction from Africa. At the time of the great African discoveries towards the end of the past century, the trade of the blacksmith was found all over Africa, from north to south and from east to west. With his simple bellows and a charcoal fire he reduced the ore that is found in many part of the continent and forged implements of great usefulness and beauty."*

Egyptian civilization was the result of Negroid Mediterranean culture, while to the south arose the ancient Negro civilization of Ethiopia, and still further south we find ruins of ancient Bantu culture.

The primitive culture of the mass of uncivilized Africans long ago reached a high grade. There was "extended early African agriculture, each village being surrounded by its garden patches and fields in which millet is grown. Domesticated animals were also kept; in the agricultural regions chickens and pigs, while in the arid parts of the country where agriculture is not possible, large herds of cattle were raised. It is also important to note that the cattle were milked, an art which in early times was confined to Africa, Europe and northern Asia, while even now it has not been acquired by the Chinese.

"The occurrence of all these arts of life points to an early and energetic development of African culture.

* Boas: Commencement Address at Atlanta University.

"Even if we refrain from speculating on the earliest times, conceding that it is difficult to prove the exact locality where so important an invention was made as that of smelting iron, or where the African millet was first cultivated, or where chickens and cattle were domesticated, the evidence of African ethnology is such that it should inspire you with the hope of leading your race from achievement to achievement. Shall I remind you of the power of military organization exhibited by the Zulu, whose kings and whose armies swept southeastern Africa? Shall I remind you of the local chiefs, who by dint of diplomacy, bravery and wisdom, united the scattered tribes of the wide areas into flourishing kingdoms, of the intricate form of government necessary for holding together the heterogeneous tribes?

"If you wish to understand the possibilities of the African under the stimulus of a foreign culture, you may look towards the Soudan, the region south of the Sahara. When we first learn about these countries by the reports of the great Arab traveller, Iben Batuta, who lived in the fourteenth century, we hear that the old Negro kingdoms were early conquered by the Mohammedans. Under the guidance of the Arabs, but later on by their own initiative, the Negro tribes of these countries organized kingdoms which lived for many centuries. They founded flourishing towns in which at annual fairs thousands and thousands of people assembled. Mosques and other public buildings were erected and the execution of the laws was entrusted to judges. The history of the kingdom was recorded by officers and kept in archives. So well organized were these states that about 1850, when they were for the first time visited by a white man, the remains of these archives were still found in existence, notwithstanding all the political upheavals of a millenium and notwithstanding the ravages of the slave trade.

"I might also speak to you of the great markets that are found throughout Africa, at which commodities were exchanged or sold for native money. I may perhaps remind you of the system of judicial procedure, of prosecution and defense, which had early developed in Africa, and whose formal development was a great achievement notwithstanding its gruesome application in the prosecution of witchcraft. Nothing, perhaps, is more encouraging than a glimpse of the artistic industry of native Africa. I regret that we have no place in this country where the beauty and daintiness of African work can be shown; but a walk through the African museums of Paris, London and Berlin is a revelation. I wish you could see the scepters of African kings, carved of hard wood and representing artistic forms; or the dainty basketry made by the people of the Kongo river and of the region near the great lakes of the Nile, or the grass mats with their beautiful patterns. Even more worthy of our admiration is the work of the blacksmith, who manufactures symmetrical lance heads almost a yard long, or axes inlaid with copper and decorated with filigree. Let me also mention in passing the bronze castings of Benin on the west coast of Africa, which, although perhaps due to Portuguese influences, have so far ex-

celled in technique any European work, that they are even now almost inimitable. In short, wherever you look, you find a thrifty people, full of energy, capable of forming large states. You find men of great energy and ambition who hold sway over their fellows by the weight of their personality. That this culture has, at the same time, the instability and other signs of weakness of primitive culture, goes without saying.

"To you, however, this picture of native Africa will inspire strength, for all the alleged faults of your race that you have to conquer here are certainly not prominent there. In place of indolence you find thrift and ingenuity, and application to occupations that require not only industry, but also inventiveness and a high degree of technical skill, and the surplus energy of the people does not spend itself in emotional excesses only.

"If, therefore, it is claimed that your race is doomed to economic inferiority, you may confidently look to the home of your ancestors and say, that you have set out to recover for the colored people the strength that was their own before they set foot on the shores of this continent. You may say that you go to work with bright hopes, and that you will not be discouraged by the slowness of your progress; for you have to recover not only what has been lost in transplanting the Negro race from its native soil to this continent, but you must reach higher levels than your ancestors had ever attained.

"To those who stoutly maintain a material inferiority of the Negro race and who would dampen your ardor by their claims, you may confidently reply that the burden of proof rests with them, that the past history of your race does not sustain their statement, but rather gives you encouragement. The physical inferiority of the Negro race, if it exists at all, is insignificant, when compared to the wide range of individual variability in each race. There is no anatomical evidence available that would sustain the view that the bulk of the Negro race could not become as useful citizens as the members of any other race. That there may be slightly different hereditary traits seems plausible, but it is entirely arbitrary to assume that those of the Negro, because perhaps slightly different, must be of an inferior type."*

Other investigators emphasize these facts. Ratzel says:

In this connection the point to be most weightily emphasized is that the Negro has now passed wholly out of the stage which we are wont to denote by the "Stone Age." All their more important implements and weapons which might be of stone are now of iron.†

In alliance with stimulus from without, the interior of Africa has had a development of its own, variable no doubt, but wherever it has been undisturbed, copious. The striking point about African ethnography is that as we go towards the interior, the level of culture, so far as measured by the abundance and variety of its stock of possessions, by persistency in the conditions, by the prosperity and density of the population, is greater than in the outer districts. . . . In connection with the question of the African capacity for de-

* Boas, Commencement Address at Atlanta University.

† Ratzel, 2:387.

velopment, and the possible points at which higher culture may take hold, we will give a closer glance at the points where a notable superiority to the standard of inner Africa is observable. No injustice is done to the "antichthonous civilizations" of the Monbutus, the Waganda, the Bangala, and others, if we look for their superiority primarily in the material ingredients of culture. Therein they do but maintain the inmost essence of African culture; for it is just the contrast between the high development of the material side and the backward condition of the spiritual that gives African culture as a whole its peculiar character. In that industrious pursuit of agriculture and cattle-breeding beside so limited a development of political and religious institutions there seems to be something heavy, depressing, stationary. Hence, too, the astonishing regularity of its distribution. This condition of things bears, in the first place, the mark of an inland life, but has also a deep root in the Negro disposition, of which the chief strength lies not in—but in perseverance.*

That African culture did not go far higher than this is due to (a) climate, (b) geography, and (c) the slave-trade.

We must bear Africa in our eye if we would understand the Africans. The destinies of races are in truth dependent on the soil upon which men travel and whence they draw their food, according as it limits them or lets them spread; on the sky which determines the amount of warmth and moisture that they shall have; on the power of plants and animals, and we may add minerals, from which they get the means of feeding, clothing and beautifying themselves, and of providing themselves with friends, helpers, and allies, but which may also raise up enemies. Africa is the most westerly portion of the mass of land which covers over a third of the Eastern Hemisphere in a vast connected system, and it extends nearly as far to the south of Australia. The southern border of the Old World encloses a great basin, whose western edge is skirted by Africa, its eastern by Australia—the Indian Ocean. In it lie the largest African and Asiatic islands, Madagascar, Borneo, Sumatra, Java, as well as the peninsulas of Somaliland, Arabia, Hither and Further India. Far beyond it, to the eastward, extend lands and islands, so far that one may well ask whether the unoccupied space between Easter Island and South America formed a permanent bar to the extension of races which had already covered a space three times as wide. When one has to speak of the ethnography of the African races one always remembers this great half-enclosed bight, which might be called the Indo-African Mediterranean. . . . When we are considering the possibility of navigation between the remoter coasts of Africa and other quarters of the earth, our thoughts turn spontaneously upon its shape. We miss features favorable to navigation, gulfs and bays, peninsulas and islands. Owing to the absence from this continent of arms and inlets of the sea, the tribes of the interior have always been cut off from intercourse with Europeans; while the ruling principle of the coast tribes was to hold the position of middlemen between them and Europeans. The length of the coastline of Africa, compared with that of Europe, is little more than one-fifth. Only the northeast and the north, so far as they are bordered by the Red Sea and the Mediterranean, show a little more variety. But this is just where climatic conditions encourage the desert-formation to extend at many points as far as the coast. Madagascar, the only large island of this quarter of the earth, has led a separate life of its own.

Other forces have also had a checking effect on the development of African

*Ratzel, 2:254.

culture. What a great portion of the earth may lose in the way of accessibility through defective conformation in some measure be compensated for by rivers. In Africa, however, the physical geography does not allow this compensation to operate in an adequate degree; the interior, a highland region surrounded with mountains, causes the rivers to descend to the lowland, itself of no great dimensions, in cataracts. Along their more distant course in the interior, some rivers, in conjunction with the great lakes, are important aids to intercourse so far as native requirements go; but the road to the sea is cut off.*

The chief present inhabitants of Africa are classed by Denniker as follows:

Putting on one side the Madagascar islanders and the European and other colonists, the thousands of peoples and tribes of the "dark continent" may be grouped, going from north to south, into six great geographical, linguistic, and, in part, anthropological units: 1st, the Arabo-Berbers or Semito-Hamites; 2nd, the Ethiopians or Kushito-Hamites; 3rd, the Fulah-Zandeh; 4th, the Negrilloes or Pygmies; 5th, the Nigritians or Sudanese-Guinea Negroes; 6th, the Bantus; 7th, the Hottentot-Bushmen.†

It must not be thought, however, that hard and fast lines between these groups can be drawn. On the contrary, we must—

Premise the unity of by far the greatest part of the races of this quarter of the earth, and starting from this, regard the differences as varying shades.‡

The nucleus of the populations of Africa in respect to both geographical position and of mass, is Ethiopian; dark brown skin, woolly hair, thick—or rather everted—lips, and a tendency to strong development of the facial and maxillary parts. To such races Africa, south of the Great Desert, has belonged from the earliest historical period, and the Desert itself probably once did belong. In the extreme south, in a compact group, and in small groups also in the interior, a light brown variety, of low stature. The north beyond the desert, however, is inhabited by men in general of light color, whether reddish like the Egyptians, or yellowish like the Arabs, showing curly rather than woolly hair, and a less conspicuous facial and maxillary development. The Berbers of the Atlas are even like southern Europeans. But the characteristics of the mass are not sharply opposed to the Ethiopian, deviating rather by way of mixture and attenuation.

This is more than an idle assumption as is shown by the history of the African races. From the earliest times of which we have any knowledge dark men have continually filtered through, chiefly by way of the slave-trade, to the lighter north. For this reason we may say with Fritsch that a general consideration of African ethnology shows the Soudan to have been the starting-point. It forms the middle member between dark and light Africa, apparently divided parts, out of which its mobile races have tended to make one whole. Negroes crossed the Alps with Hannibal, and fell at Worth beside MacMahon. Whatever their original nature may have been, all this population must have been alloyed with a strong Ethiopian element, as our cut of Fezzan man shows. The entire Semitic and Hamitic population of Africa has, in other words, a mulatto character which extends to the Semites outside Africa.§

* Ratzel, II, pp. 237-41.

† Denniker, 431.

‡ Ratzel, 2:244.

§ Ratzel, 2:245-47.

3. The Negro Brain

It is usually assumed that there are great differences between the European and African brain and that here the inevitable inferiority of the Africans shows itself. Denniker, however, says:

The weight of the encephalon varies enormously according to individuals. Topinard in a series of 519 Europeans, men of the lower and middle classes, found that variations in weight extended from 1025 grams to 1675 grams. The average weight of the brain among adult Europeans (20 to 60 years) has been fixed by Topinard, from an examination of 11,000 specimens weighed, at 1361 grams for man, 1290 grams for woman. It has been asserted that the other races have a lighter brain, but the fact has not been established by a sufficient number of examples. In reality all that can be put against the 11,000 brain-weighings mentioned above concerning the cerebral weights of non-European races, amounts to nothing, or almost nothing. The fullest series that Topinard has succeeded in making, that of Negroes, comprises only 190 brains, that of Annamese, which comes immediately after, contains only 18 brains. And what do the figures of these series teach us?

The first series dealing with Negroes, gives a mean weight not much different from that of Europeans—1316 grams for adult males of from 20 to 60 years; and the second dealing with the Annamese, a mean weight of 1341 grams, almost identical with that of Europeans. For other populations we have only the weight of isolated brains, or of series of three, four, or at most eleven specimens, absolutely insufficient for any conclusions whatever to be drawn, seeing that individual variations are as great in exotic races as among Europeans, to judge by Negroes (1013 to 1587 grams) and by Annameses (from 1145 to 1450 grams).*

On this subject Mr. Monroe N. Work, A. M., of the Savannah State College, contributes the following memorandum:

Most writers hold that the Negro brain is smaller than the Caucasian.† The first objection to this conclusion is that there has not been a sufficient number of Negro brains examined upon which to base a generalization. The total number of Negro brains which have been examined in America with reference to size is about 500. The number reported by European investigators is a little more than 200, making a total of about 700. This number is absolutely too small to base generalizations concerning the twenty or more million persons of Negro descent in the western hemisphere and the hundreds of millions in Africa, among whom are found variations as great and of the same kind as those found among white races.

But granting that the data are sufficient, another objection is that in giving the weight of Negro brains it appears that almost no account has been taken of age, stature, social class, occupation, nutrition, and cause of death; each of which separately or all together affect both the weight and structure of the brain. The following table shows brain weight in connection with age and stature.‡

* Denniker, p. 97.

† See Bean, "The Negro Brain," *The Century Magazine*, Sept. 1906.

‡ From Marshall's tables based on Boyd's records; Donaldson, *The Growth of the Brain*, p. 97.

AGE	MALES	FEMALES	AGE
	WEIGHT OF ENCEPHALON	WEIGHT OF ENCEPHALON	
	Stature 164 cm. and under	Stature 152 cm. and under	
20-40.....	1331 grams	1199 grams	20-40
41-70.....	1297 "	1205 "	41-70
71-90.....	1251 "	1122 "	71-90
	Stature 167-172 cm.	Stature 155-160 cm.	
20-40.....	1360 grams	1218 grams	20-40
41-70.....	1335 "	1212 "	41-70
71-90.....	1305 "	1121 "	71-90
	Stature 175 cm. and upwards	Stature 163 cm. and upwards	
20-40.....	1409 grams	1265 grams	20-40
41-70.....	1363 "	1209 "	41-70
71-90.....	1330 "	1166 "	71-90

The third objection is that the differences in the average weight of Negro and white brains are not sufficiently great to warrant the conclusion that if an equally large number of Negro brains were taken with reference to age, stature, etc., there would be any marked differences in weight. Topinard found the average weight of 11,000 European brains to be 1361 grams for men and 1290 for women. He found the average for 190 male Negroes to be 1316 grams. Peacock found an average of 1388 grams for English from a series of 28 brains; while Boyd, from a series of 425, found an average of 1354. Hunt found an average of 1327 grams for a series of 381 United States Negro soldiers.

The following table shows what wide variations may occur among races of the same region and of fairly similar culture:

*Table showing the weight of the encephalon in several transcaucasian tribes. Weight taken with pia and without drainage. (Gilchenko):**

No. of Cases	RACE	SEX	Age Years	Mean Stature	Mean weight Encephalon
10.....	Ossetes.....	Males.....	21-34.....	Mm.....	1470 grams
15.....	Ingouches.....	".....	18-30.....	1704 ".....	1453 "
2.....	Tcherkesses.....	".....	.....	1695 ".....	1532 "
3.....	Daghestan.....	".....	.....	1650 ".....	1340 "
12.....	Armenian.....	".....	16-60.....	1634 ".....	1369 "
13.....	Georgian.....	".....	19-65.....	1669 ".....	1350 "
2.....	".....	Females.....	25-28.....	1590 ".....	1207 "

Broca found the mean weight of the pia to be for males 55.8 grams and for females 48.7 grams. The variation for males ranged from 38 to 130 grams.

In the most recent investigation of Negro brains, those whom the investigator classes as one-half and one-fourth white have almost as great or a greater brain weight, 1340 and 1347 grams, than those who are classed as white, 1341; and they have a greater average brain weight than the English, I and II, 1335, 1328, and the French, 1325 grams, of the European series which he presents. He found the average weight of the Negro females, 1108, to be greater than that of the white females, 1103.†

It is to be noted just here that no especial importance is to be attached to the classification by observation of Negroes as pure blacks, one-eighth, one-fourth, one-half white, etc. For popular purposes it is suffi-

* Donaldson, *loc. cit.*, p. 114.

† See Bean, *Op. Cit.*

cient to merely note the color of the skin, texture of the hair, etc.; but for scientific purposes it is necessary that the ancestry be investigated. The writer is acquainted with many persons who by inspection would be classed as one-fourth white, when in reality they are three-fourths and others who would be classed as three-eighths or more, when as a matter of fact they are only one-eighth white. And even if an accurate classification of American Negroes was made according to blood it would still be necessary to classify them according to age, stature, social class, etc., before any conclusion would be warranted respecting the relative brain weights of pure Negroes and those of mixed blood.

Still another objection to the conclusion that the Negro brain is smaller than the Caucasian is that the variability in the brain weight of the two races falls within almost the same limits. The following table illustrates this:

No. of Cases	RACE	SEX	Minimum wt. Encephalon	Maximum wt. Encephalon
79.....	Negroes (Bean)*		900 grams†	1600 grams†
381.....	Negro soldiers (Hunt)	Males...	978 " "	1729 " "
190.....	Negroes (Topinard)	" " "	1013 " "	1587 " "
278.....	White (Clondenning) and others...	" " "	964 " "	1813 " "
45.....	" Eminent men	" " "	1207 " "	1830 " "
13.....	" Georgian	" " "	1183 " "	1530 " "
12.....	" Armenian	" " "	1232 " "	1545 " "
10.....	" Ossetes	" " "	1306 " "	1541 " "

It is further asserted that there is much difference in the structure of white and Negro brains. The investigator mentioned above has attempted to show that the size and shape of the front end of the cerebrum is different in the two races. In proof of this, views of the frontal lobes and of the mesial surfaces of the hemispheres of a white and Negro brain and two tables of brain measurements, are presented. The weakness of this proof is that generalizations are made from too few examples; it appears to be inferred that all white brains have exactly or almost exactly the same detailed shape. The table of brain measurements, which is presented with averages, indicates that what is stated as being characteristic of Negro brains is not true of all the small number of Negro brains which he examined.‡

* Sex is not distinguished in connection with brain variability. See Bean, *Op. Cit.*, p. 780. Chart of brain weight.

† "About 900" and "about 1600" grams.

‡ There are several discrepancies in this article of Dr. Bean's, e. g., he says: "The brains I have studied were accurately weighed and the weights are classified as follows," giving the number. There is a lack of agreement between the number of brains which he says he compared—103 Negro and 49 white—and the number he presents, 79 Negro and 60 white, in the table of brain weights, and 65 and 87 Negro and 45 and 51 white, in the table of brain measurements. In one table the average weight of 51 Negro male brains is given as 1292 grams. From the next table given, showing the average brain weight according to white blood, it appears that the general average of these same 51 brains is 1254 grams. The length of the section of the frontal lobe of the white brain shown is, he says, between 2 and 2.5 centimeters, for lobe of Negro brain between 1.5 and 2 centimeters. The table of brains of Negro soldiers has many errors, e. g., the table he presents is as follows:

It is also stated that the white brains have more elaborate convolutions and deeper fissuration than Negro brains. It is apparently not taken into account that fissuration and convolution depend upon several variables. As for example, a brain possessed of an extensive cortex with the elements incompletely associated can be a much folded brain, because in order to apply it to the surface of the cerebrum it must be thrown into many gyri. On the other hand, the associating fibers may be so developed as to increase the central mass, thereby giving a larger surface to which the cortex may be applied and thus tend to increase the cortical folds. These facts, with those from comparative anatomy respecting the fissuration and convolution of the brains of beasts and birds, seem to indicate that there is no certain relation between brain convolution and intelligence.

The best evidence seems to indicate that the organization and, therefore, the details of the structure of the central nervous system are continually being modified through life. That is, changes are constantly occurring. These changes, which are many and varied, are caused by age, occupation, nutrition, disease, etc. This fact of constant change makes it very doubtful whether any uniformity in the finer details of structure will be found in white brains, particularly if they are brains of different sizes from persons of different ages, statures, etc., and the cause of death not being the same. These facts, in connection with the well established fact that those characters which are said to be distinctive of particular races are found with more or less frequency in other races, seem to indicate that what has been described as being peculiar in the size, shape, and anatomy of the Negro brain is not true of all Negro brains. These same peculiarities can no doubt be found in many white brains and probably have no special connection with the mental capacity of either race.

4. The Negro-American

The transplantation of the Negro race to America was one of the most tremendous experiments in race migration the world has ever seen.

"The exact proportions of the slave-trade to America can be but approximately determined. From 1680 to 1688 the African Company sent 249 ships to Africa, shipped there 60,783 Negro slaves, and after losing

No. of brains	Grade of color	Av. brain wt
24	White	1478 grams
25	3/4	1390 "
47	1/2	1331 "
51	1/4	1315 "
35	1-8	1305 "
22	1-16	1275 "
141	Black	1328 "

The true figures reduced from Hunt's report in *Journal of Psychological Medicine and Jurisprudence*, Vol. I, No. II, October, 1867, p. 182, is as follows: White, 1475; three-fourths white, 1390; one-half white, 1334; one-fourth white, 1319; one-eighth white, 1308; one-sixteenth white, 1280; black, 1331 grams.

14,387 on the middle passage, delivered 46,396 in America. The trade increased early in the eighteenth century, 104 ships clearing for Africa in 1701; it then dwindled until the signing of the *Assiento*, standing at 74 clearings in 1724. The final dissolution of the monopoly in 1750 led—excepting in the years 1754-57, when the closing of Spanish marts sensibly affected the trade—to an extraordinary development, 192 clearings being made in 1771. The Revolutionary war nearly stopped the traffic but by 1786 the clearances had risen again to 146.

“To these figures must be added the unregistered trade of Americans and foreigners. It is probable that about 25,000 slaves were brought to America each year between 1698 and 1707. The importation then dwindled, but rose after the *Assiento* to perhaps 30,000. The proportion, too, of these slaves carried to the continent now began to increase. Of about 20,000 whom the English annually imported from 1733 to 1766, South Carolina alone received some 3,000. Before the Revolution, the total exportation to America is variously estimated as between 40,000 and 100,000 each year. Bancroft places the total slave population of the continental colonies at 59,000 in 1714, 78,000 in 1727, and 293,000 in 1754. The census of 1790 showed 697,897 slaves in the United States.”*

The slaves thus procured came from all parts of Africa—the Soudan, Central and South Africa. Distinct traces of Arab and even Malay blood could be seen side by side with the tall Bantu, the yellow Hottentot and the African dwarfs. The shipment of the slaves drawn from this wide area centered on the west coast of Africa along the Gulf of Guinea, and these west coast Africans were consequently most frequently represented on the slave ships.

This Negro population, which began to reach the confines of the present United States in 1619, has increased until in 1900 in the continental United States it numbered 8,833,994 souls or, today, 1906, not less than 9,500,000.

The first and usual assumption concerning this race is that it represents a pure Negro type. This is an error. Outside the question of what the pure Negro type is, the Negro-American represents a very wide and thorough blending of nearly all African people from north to south; and more than that, it is to a far larger extent than many realize, a blending of European and African blood. It is to this feature especially that this section is devoted.

In the Romanes lecture of 1902, at Oxford University, Mr. James Bryce after coming to many important conclusions concerning the darker races of men, and especially their relations to the whites, frankly acknowledges at last, that so far as intermingling of blood is concerned “one is surprised when one comes to inquire into the matter to find how little positive evidence there is bearing on it,” and he further remarks that the subject “deserves to be fully investigated by men of science.”

In America we have, on account of the wide-spread mixture of races

* DuBois: *Suppression of the African Slave Trade*, p. 5.

of all kinds, one of the most interesting anthropological laboratories conceivable. This is true also so far as the mingling of the two most diverse races, the black and the white, is concerned as well as in other cases. And yet no serious attempt has ever been made to study the physical appearance and peculiarities of the transplanted Africans or their millions of descendants.

There is, of course, some reason for this, in that scientific research seldom flourishes in the midst of social struggle and heated discussion. For this reason, and from long familiarity with the strange types, we have gradually ceased to let the physical peculiarities and interesting physiognomies of these people inspire us to study them carefully. Yet this we must soon come to do. We must realize that we have brought to our very thresholds representatives of a great historic race and that, nevertheless, there is no place in the world where less systematic reliable knowledge of the Negro race exists than here. Not only is this true, but we have had going on beneath our very eyes an experiment in race-blending such as the world has nowhere seen before, and we have today living representatives of almost every possible degree of admixture of Teutonic and Negro blood.

So little attention has been paid to this blending, save in extreme controversial spirit, that we easily forget the very existence of the mixed bloods, and foreign students of our race problems appear almost totally ignorant of their existence. We ourselves do not know with accuracy even the number of mixed-bloods. The figures given by the census are as follows:

1850, mulattoes formed 11.2 per cent of the total Negro population.
 1860, mulattoes formed 13.2 percent of the total Negro population.
 1870, mulattoes formed 12 per cent of the total Negro population.
 1890, mulattoes formed 15.2 percent of the total Negro population.

Or in actual numbers:

1850, 405,751 mulattoes.
 1860, 588,352 mulattoes.
 1870, 585,601 mulattoes.
 1890, 1,132,060 mulattoes.

These figures are, however, of doubtful validity. Those of 1850 and 1860 were probably under-statements, while those of 1890 were officially acknowledged to be so far under the truth to be of "little use" and even "misleading." Some local studies have been made, but the areas were so restricted as to form a very narrow basis of induction. I have per-

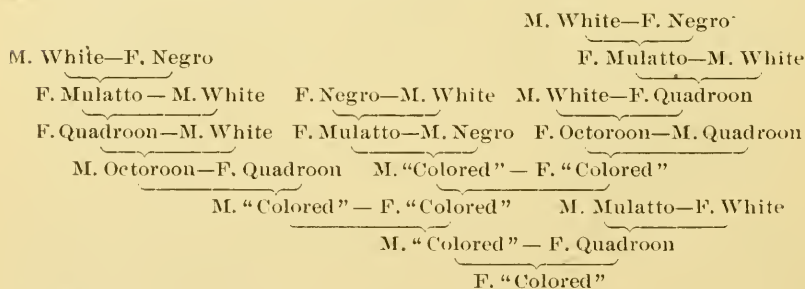
	<i>Black</i>	<i>Brown</i>	<i>Yellow</i>
Farmville, Va., (small town), 1897.....	333	219	153
Dougherty county, Ga., (country district), Black Belt, 1899.....	3,815	1,977	178
Albany, Ga., (village) 1899.....	1,319	718	238
Savannah, Ga., (city) 1900.....	2,658	1,521	935
Atlanta, Ga., (city) 1900.....	8,844	10,981	1,526
McIntosh county, Ga., (country district), Black Belt, 1900....	282	208	68
Darien, Ga., (village), 1900.....	97	94	25
Total.....	17,348	15,718	6,123

sonally classified nearly 40,000 colored people. Ten thousand were in the Black Belt and in rural districts, and the rest were in cities (Atlanta and Savannah), but cities in or near the Black Belt.

Of these 17,000 were to all appearances of unmixed Negro blood; 6,000 had without doubt more white than Negro blood, while the other 16,000 were classified as "brown:" in the majority of cases they undoubtedly had some white blood—in other cases I was not sure whether their color was due to white blood or to the fact that they were descended from brown Africans.

I am inclined to think that in the light of available data and the results of fairly wide observation that at least one-third of the Negroes of the United States have recognizable traces of white blood, leaving about 6,000,000 others.* This, of course, is partial guess-work—it is quite possible that the mulattoes form an even larger percentage than this, but I should be greatly surprised to find that they formed a smaller proportion. Under such circumstances it would seem that a scientific study of types of American Negroes ought to be undertaken. This paper does not pretend to present the results of careful studies, but rather to indicate in a general way the interesting matter which is open for observation. The main types for separate study would be the full blooded Negroes and those with a quarter, half and three-quarters of white blood; in the eighths—the octoroon, the five-eighths Negro, etc. This is the regular series, but it can be and often is further complicated by the intermarriage of persons of mixed blood.

I know, for instance, a child of six with the following ancestry:



The assumption, therefore, that a mulatto has one white parent or grandparent is not always true: no full blood white may have appeared among his ancestors for four or five generations and yet he himself may be half or three-fourths white.

Amid such infinite variation in the proportion of Negro and white blood one can find a most fascinating field of inquiry. In the following pages, I have selected out of a school of about 300 young people between

* This does not mean that these 6,000,000 have no white blood—many of them have—but there are few distinct traces of it.

the ages of 12 and 20 years, 56 persons who seem to me to be fairly typical of the group of young Negroes in general. The types are only provisionally indicated here as the lines are by no means clear in my own mind. Still I think that some approximation of a workable division has been made, so far as that is possible without exact scientific measurements. Among these 56 young persons, all of whom I have known personally for periods varying from one to ten years, I have sought roughly to differentiate four sets of American Negro types:

A.—NEGRO TYPES

1. Full blooded Negroes, letters A to G, and numbers 1 to 7.
2. Brown Negroes, full-blooded or with less than one-fourth of white blood, numbers 8 to 18.

B.—MULATTO TYPES

3. Blended types, numbers 19 to 21, and letter H.
4. Negro-colored, number 25.
5. Negro-haired, numbers 23 to 26.
6. Negro-featured, number 27.

C.—QUADROON TYPES

7. The Chromatic series, numbers 28 to 32.
8. Blended types, numbers 33 to 39.

D.—WHITE TYPES WITH NEGRO BLOOD

- Latin, numbers 40 and 41.
- Celtic, numbers 42 and 43.
- English, numbers 44 to 46.
- Germanic, numbers 47 and 48.

Description of Types

For pictures see plates following p. 4

A. Dark brown in color; crisp tightly curled hair; slight in build; excellent student.

B. Very dark brown; crisp bushy hair; heavy, thick-set; quiet and serious.

C. Dark brown; curled crisp black hair; small, plump, vivacious.

D. Dark brown; crisp closely curled hair; tall and well-built; reliable.

E. Very dark brown; crisp closely curled hair; well-proportioned and well-bred; slow.

F. Very dark brown; crisp mass of hair; small and quiet.

G. Very dark brown; crisp hair; rather small; slow but earnest.

H. Light brown; black hair in small waves; medium height, slim and graceful; slow; a singer.

1. Very dark brown in color, crisp, tightly curled hair, jaw slightly prognathous; short and stocky in build, strong; honest and reliable.

2. Very dark brown, crisp curled hair; slightly prognathous; tall and loosely jointed.

3. Brown in color, closely curled hair, tall and well built; good character.

4. Very dark brown, mass of closely curled hair, medium height and graceful.

5. Dark brown, tightly curled hair not abundant, very tall and of Amazonian build and carriage; excellent character.

6. Brown, mass of less closely curled hair, medium size; good ability.

7. Very dark brown, crisp tightly curled hair, well-formed; considerable native ability, but has had poor school advantages; sweet tempered.

8. Very dark brown, crisp tightly curled hair, medium height and slim; slow, but plodding, and perfectly reliable.

9. Brown, closely curled hair, medium height and looks frail.

10. Brown, mass of curled hair; short and plump; unusual mental ability, cheerful and good character.

11. Brown, mass of more loosely curled hair, medium size, good mental ability, mischievous.

12. Brown, tightly curled hair, slim and awkward; slow, but droll.

13. Light brown, closely curled hair not abundant, slim; good mental ability and great application; excellent character.

14. Brown, loosely curled hair, short and well-formed; fair mental ability and a sweet singer.

15. Light brown, loosely curled hair, tall and slim; fair ability; quiet.

16. Brown, curled hair, tall and slim.

17. Brown, loosely curled hair, tall and lithe; very good mental ability; sweet tempered.

18. Brown, close curled hair, medium size; of unusual mental ability judged by any standard.

19. Light brown, curled hair, stocky build; good ability, erratic application; quick tempered. Grandson of a leading white southerner.

20. Yellow, curled and wavy hair, slight and well-formed; good mental ability; quiet.

21. Yellow, wavy hair, small and graceful; good ability.

22. Brown, straight black hair; probably has Indian blood; well built and full of fun, but with little application.

23. Light yellow, curled hair, small in size, bright mentally, and excellent in character; young.

24. Light yellow, curled hair, medium size, slim; good alto singer.

25. Light yellow, freckled, reddish curled hair, medium size; fair ability and pleasant disposition.

26. Yellow, curled and wavy hair, medium size, good form; excellent ability and application; serious.

27. Light yellow, hair glossy and curly, tall and slim; good ability and close application; quiet.

28. Smooth brown color, straight, black, slightly curly hair, long limbed and slim.

29. White face, with red freckles, giving a pinkish impression; reddish brown hair, crimped and wavy; a bashful, good girl, of fair ability.

30. A study in reds—red gold hair, crimped and fluffy, an old gold face, with reddish tinge; brilliant light brown eyes; tall, impetuous, of unusual ability.

31. Yellow in face and hair; erratic.

* 32. White color, dark wavy hair; sturdily built.

33. Creamy color, crimped and wavy hair, tall and graceful; well bred.

34. Yellow, with wavy long hair, short and plump; good ability and easy, good-natured character.

35. Creamy color, crimped brown hair, tall and slim; languid.

36. Light yellow, wavy hair, rather small in stature; good mind and character; quiet.

37. Light yellow, wavy hair, middle size; of unusual mental ability and excellent character; quiet.

38. Light yellow; tall, long wavy hair.

39. Light yellow, long, nearly straight hair; large and plump; slow, but willing.

40. Cream-tinted, with dark wavy hair, tall and well-formed, with very good mind and ability in several directions; musical.

41. Cream-tinted, with wavy hair, strongly built, with fair mind; rather quiet.

42. White, with freckles and long, red-gold hair; mischievous and smart.

43. White, straight brown hair, tall and thin; slow but conscientious; quiet and sensitive.

44. White, sandy hair and blue eyes, short and rather small; fair ability and good application.

45. Cream-color, dark hair, tall and slim; somewhat erratic in intellect, but conscientious; droll.

46. White, sandy hair and blue eyes, middle-size; fair ability and good character.

47. White, very light golden hair, light blue eyes, tall and stately; ordinary ability, very reliable, quiet and kind.

48. White, chestnut hair, blue eyes, plump and well-formed.

A. Negro Types

These represent, perhaps, 6,000,000 colored people of this country. The 24 pictures devoted to these are inadequate and present but a few of numerous types. A really adequate study would lead to an investigation of all the African types, most of which are represented in America, and subsequently changed by intermingling, and possibly by climate and surroundings. We can still catch glimpses of the original African—the straight-nosed, dark Nubian, as in No. 8, the tall, massive Bantu, in No. 5, the small, sturdy West Coast Negro, in No. 1, and others. All these types agree in dark color and crisp hair. The color we usually denominate black, although it is in reality a series of browns varying between black and yellow as limits. We may, for instance, arrange the first eighteen pictures by color. First come the very dark browns, 4, 7, 8, and 2, all having a certain brilliancy of coloring, although some, like 4, are dull brown. Next come the dark browns, 1, 5, and 3; then the browns, 14, 6, 9, 11, 16 and 18, in order; finally the light browns, 10, 12, 17, 15 and 13.

It would be exceedingly interesting to have a series of accurate examinations and measurements of Negro hair. If we take the first seven portraits—those which represent probably the full blooded Negro, we may distinguish several varieties which can be put in two main classes: a crisp hair in minute curls or waves with a dark grayish, black appearance, and usually scanty. This is seen in 1, 2, 5, 7 and 8; and the less closely curled and abundant hair, dead black and massive in appearance, as in 3, 4 and 6.

In general physical appearance, the first seven divide themselves into four types: the short and sturdy (1), the tall, largely built (2, 3 and 5), the medium sized, dark and more delicately featured type (8). Prognathism appears in the facial angles of 1 and 2, and slightly in 3 and 4. Numbers 3 and 6 are of good, but not striking ability, 2 and 4 are fair; the others are slow. Numbers 1, 5 and 8 are honest and reliable in character; 3 and 7 are also of good character; Nos. 4, 6 and 9 are a little

more uncertain in character: only one member of the group cannot be relied upon, although he is still young and may change.

Numbers 9 to 18 have in all probability a little white blood, although this is not certain in every case. Numbers 9, 12 and 13 have the crisp hair before mentioned; 16, 17 and 18 have hair of the second variety, while 10, 11 and 14 have a still less closely curled variety, longer and more pliable. One may roughly separate three types in these persons. Numbers 9, 10, 11 and 12 are what we may call "blended" types—the variation from the stricter Negro type is not especially apparent in any one feature or characteristic, but the whole type is slightly and uniformly changed in face, hair and color, either by the even blending of white blood or by descent from tribes of Negroes different from those we have noted before. All are of medium size save No. 10, who is short and heavy. In 13 and 14 we have a different group: they show a certain delicacy of feature and melancholy cast of countenance often noticed in mixed blooded people, and associated with deep sensitiveness in both these girls. Numbers 15, 16, 17 and 18 are Bantu types—tall, long-faced and straight-nosed, with large facial angle; 16 and 17 are especially graceful in movement, while 18 is the most brilliant mentally of the whole series of 48. Numbers 10 and 17 are also of unusual ability; 11 and 19 are good, 14 and 15 fair only, and 12 and 16 poor. Numbers 10, 13, 14 and 15 are of good character; 11 and 12 are more uncertain but pretty good.

Letters A to H are pictures taken later than the others. They are well-known Negro types, although some are not usually so regarded by careless observers.

B. Mulatto Types

The ten following portraits, numbers 19 to 28, represent the mulatto types of American Negroes; they have from three-fourths to one-half Negro blood and have, in this country, to hazard a guess, about 2,500,000 representatives. I have differentiated types here chiefly in the way in which the two streams of blood have blended; the first three are blended types, where the white and Negro blood is evenly distributed in color, hair and feature, making light brown or yellow persons, with hair in small but minute curls or waves, and features rounded or half European. In the other seven persons, the Negro blood has asserted itself in some one or two characteristics and the white blood in others: in 22, for instance, the white blood (with probably some Indian) has gone into the abundant long black hair and left a dark face and full features; in Nos. 23, 24, 25 and 26, the Negro blood has asserted itself particularly in the hair, leaving the light color and European features; the hair has received a slight red tinge in 25 and the blending is more complete in 26. In 27 the Negro blood has moulded the features, leaving the light color and hair in ringlets. All this is instructive to the student of heredity as showing visibly many things which lie hidden from the eye in the blending of races of the same color and features.

In physique we have the short and sturdy (19), the short and slender

(21) and (23), the tall and slender (20, 24 and 27), and the medium sized persons, usually large boned and well built, as 22, 25 and 26. Numbers 23 and 26 are excellent in mental ability, 19, 20, 21 and 27 are good; 25 is fair, while 22 and 24 are poor. Numbers 20, 23, 26 and 27 are good and quiet in character; 25 is straightforward; 19, 21 and 24 are more uncertain, but are still young.

C. Quadroon Types

The fifteen portraits, from numbers 28 to 39, are of colored people with more than one-half and less than seven-eighths of their blood white, so far as I can ascertain. They represent about 350,000 of the American Negroes, if my other estimates are correct. Here again examples of race-blending in large variety and with especial brilliancy of coloring. Sometimes the coloring is so prominent and assertive that one scarcely notices other features. Photographs, of course, fail to give any adequate idea of this group: the emphatic color may be a velvet brown in the face, as in 28, or a brownish red in the hair, as in 29, or a burst of red, red-gold and red-brown in face and hair, as in 30. Again, hair and features may both be yellow, as in 31, or all brown or dark brown and yellow, as in a number of cases, or finally the skin may be strikingly white, as in 32. These types, then, from 28 to 32, I have grouped as the Chromatic types.

Again, we may have the harmonious blending mentioned in the case of the mulattoes and illustrated in the following portraits—numbers 33 and 34, and having the most Negro blood, and number 40, having the least. The hair of the Quadroons is of almost every conceivable variety and color: it may be black and straight, as in 28, or black and waving, as in 39, or red-brown and waving, as in 30, or crimped and brownish red, as in 29, or curly and fluffy, as in 38, and so on in endless change.

In physique, 28, 30, 33, 35 and 38 are tall and slim, while 32, 34 and 37 are shorter and sturdier; 29, 31 and 40 are of slighter build and more delicate appearance. Numbers 30 and 37 have excellent minds, and 31, 34 and 36 have good ability. The group represents great varieties of character: 28 and 35 are languid in manner and work; 29 and 33 are sensitive and good; 30 is straightforward, even impetuous; 31 is uncertain, but young; 36, 37 and 39 are honest and quiet; 34 and 39 are a little erratic, but good-hearted.

D. White Types, with Negro Blood

The Octoroons and those with less than one-eighth of Negro blood pass so easily back and forth between the races that it is difficult to estimate their real numbers. In a single small city 100 colored families were estimated to have been listed as white in the census of 1890, because the Octoroon wife went to the door and the census-taker did not think or dare to ask her "color." A considerable proportion of these persons identify themselves altogether with the whites—probably several thousands in all. The census of 1890 reported 69,936 Octoroons—there may be as many as 150,000 in all. They are easily classified

according to the European types they most resemble, either accidentally or because of real blood-relationship. Sergi would not need better evidence for his "Mediterranean race" theory than the distinct Latin type of the Octoroons, 40 and 41; they have, in fact, English and Negro blood. So, too, white and black blood can make as good an Egyptian type today as five thousand years ago. Numbers 42 and 43 resemble Celtic types and may have Irish blood; 44, 45 and 46 are English or Anglo-American types, and 47 and 48 are Germanic types.

Such types as these are not necessarily descended from white and colored parents, nor are they always illegitimate children as is usually assumed. In the cases of 40, 44 and 45, and probably in two other cases both parents were colored and legally married. In case of 44, 47 and 48 one parent was white. In none of these ten cases would the casual observer notice the Negro blood. An experienced person would possibly see it in 40, 41 and 45, and possibly in 42. In the others all trace is lost. In physique, 40, 41 and 48 are well-built and rather heavy; 43 and 45 are tall and slender, while 42 and 44 are slender but of medium height.

Forty is a good scholar, as are 41, 42 and 48. All are of good character, although one may succumb to unfortunate home influences.

Conclusions

It is not pretended, I repeat, that this cursory sketch can be made a basis for any very definite conclusions. Its object is rather to blaze the way and point out a few general truths. Further work must depend more largely on exact physical measurement of size, weight and head formation, as well as psycho-physical experiment. It must also be remembered that these types come from a limited class at an age before character is fully formed; this study has the advantage, however, of the author's intimate acquaintance for years with each person studied, so that the elements of character and personal peculiarities are pretty well known.

In future study the unmixed types need especial supplement. Comparisons will inevitably arise between the blacks and mixed bloods. In regard to the latter much friction and prejudice must be cleared away: today one hears, on the one hand, that mulattoes are practically all degenerates, ranking below both the parent races; and, on the other, that only the mixed blood Negroes amount to much, and this by reason of their white blood. So far as this study is concerned, neither of these theories receives any especial support. In physique, the best developed persons are 1, 2, 3, 5, 10, 16, 17, 19, 22, 32, 34, 39, 40, 41 and 48. These include all degrees of mixture and, moreover, there would seem to be in nearly all cases personal reasons for the good development outside the blood mixture; 1, for instance, is farm-bred, 2 and 5 are children of strong laboring men, 40 has been carefully reared, 41 is a baseball player, etc. Again, the members of the group who are physically weakest are of all colors—4, 12, 15 and 43. In mental ability the evidence is equally contradictory; the exceptional scholars include three nearly full-blooded Negroes, three Quadroons and one Octoroon.

Of these, a boy (number 18), with but a slight admixture of white blood, if any, is easily first.

As to moral stamina, the subjects are, of course, rather young for final judgment, and yet at the same time their tendencies are more clearly visible. Five of the 53 were born out of lawful wedlock, although in some cases the union of the parents was the permanent concubinage of slavery days, and thus not mere wantonness. Possibly one or two others are also illegitimate, but this is not certain. In the case of two girls, an octoroon and a mulatto, both now out of school, there is a rumor of sexual looseness; in the case of three (a Negro, mulatto and quadroon), there is some tendency towards habitual lying, which may not, however become serious; in all the 48 there are four (a Negro boy, a mulatto girl, a quadroon boy and an octoroon girl), of whose future one may well fear. None of them are as yet hopeless.

In all these cases of physical and mental development and moral stamina, it is naturally very difficult to judge between the relative influence of heredity and environment—of the influence of Negro and mixed blood, and of the homes and schools and social atmosphere surrounding the colored people. In general, it must be remembered that most of the blacks are country-bred and descended from the depressed and ignorant field-hands, while a majority of the mulattoes were town-bred and descended from the master class and the indulged house-servants. The country schools since emancipation have been very poor, while the city schools are pretty good, and in general the difference in civilization between rural and urban districts is much more marked South than North.

For instance, if numbers 7 and 8 had had the same early training as numbers 23 and 40, they might have developed strong minds, so far as one can judge. Some of these children come from comfortable, well-to-do homes, while some were practically street waifs; some had educated—a few, college-bred—parents; others had parents who could neither read nor write, and so on. Under such circumstances, how rash it is to hazard wild statements as to the ability and desert of millions of people without waiting for exact study and careful measurements.

A word may be added as to race mixture in general and as regards white and black stocks in the future. There is, of course, in general no argument against the intermingling of the world's races. "All the great peoples of the world are the result of a mixture of races."*

Upon the whole, if we consider (1) that the most mixed and most civilized races are those which are soonest acclimatized, (2) that the tendency of races to intermingle, and of civilization to develop, goes on increasing every day in every part of the world, we may affirm without being accused of exaggeration that the cosmopolitanism of mankind, if it does not yet exist today in all races (which seems somewhat improbable), will develop as a necessary consequence of the facility of acclimatation. For it to become general is only a matter of time.†

*Bryce: Relations, etc.

†Denniker, p. 119.

At the same time there are certain bars to general amalgamation with particular races:

Nothing really arrests intermarriage except physical repulsion, and physical repulsion exists only where there is a marked difference in physical aspect, and especially in color. Roughly speaking (and subject to certain exceptions to be hereafter noted), we may say that while all the races of the same, or a similar color intermarry freely, those of one color intermarry very little with those of another.*

So far, then, as the amalgamation of the white and black races is concerned this prediction may be hazarded:

Africa will remain for many ages predominantly black.

In the West Indies the whites will be absorbed into a mulatto race.

In South America the whites will absorb the Negro. A recent writer in Brazil writes:

This racial question in Brazil has most instructive aspects. In their pride of race some visitors are disposed to despise the Brazilian people because of the manifest admixture of African blood in their make-up. This is simply because they cannot easily appreciate that taking effect before their eyes is the very process of race building that has been completed for ages past in Mediterranean lands. They do not realize that the blending of African with Aryan and Semitic elements must have been precisely the same, there and here. The swarthiness of the Italians, Spaniards, the Provencal French, etc.—these interpenetrating other European stocks—manifestly seems due to the same causes that in Brazil and other sections of Latin America and in the West Indies are producing precisely the same physical aspects . . . But though the Negro race was in itself unaffected, it has by no means been ineffective. Everywhere it has left its traces behind. All these civilizations—Egyptian, Phœnician, Grecian, Roman, Semitic, Moorish—it has in varying degrees tinged with its blood and its temperament. Its service seems always to have been that of an element in a blend.

There appears to be no saying how far this progress has gone. But there are eminent anthropologists who declare that racial characters demonstrate that the entire white race has a very high percentage of the African in its composition. The racial aspect may have a notable bearing upon the future of South America.†

In the United States the situation is far different: if slavery had prevailed the Negroes might have been gradually absorbed into the white race. Even under the present serfdom, the amalgamation is still going on. It is not then caste or race prejudice that stops it—they rather encourage it on its more dangerous side. The Southern laws against race marriage are in effect laws which make the seduction of colored girls easy and without shame or penalty. The real bar to race amalgamation at present in the United States is the spreading and strengthening determination of the rising educated classes of blacks to accept no amalgamation except through open legal marriage. This means practically no amalgamation in the near future. The available statistics of mixed marriages show in Boston, Mass., 600 such

*Bryce: Relations.

†Outlook, Vol. 84, No. 15.

marriages from 1855 to 1887; and 24 in the year 1890. The state of Massachusetts had 52 mixed marriages in 1900, 44 in 1901 and 43 in 1902. Michigan had 111 mixed marriages in 20 years (1874-93), and Rhode Island 58 in 13 years (1881-93). In the black ward of Philadelphia (the seventh) there were, in 1896, 33 mixed families.

These figures indicate comparatively few such marriages and show that the absorption of 10,000,000 Negro Americans in this way is certainly not a problem which we need face for many years.

At present those who dislike amalgamation can best prevent it by helping to raise the Negro to such a plane of intelligence and economic independence that he will never stoop to mingle his blood with those who despise him.

5. Physical Measurements

There are not many reliable physical measurements of Negroes, either in Africa or America. The following table from Denniker gives the height of the principal Africans, together with that of native Americans:

Average Height of Men		
<i>No. of Subjects</i>	<i>Low Statures (under 1.60 m., or 63 inches)</i>	<i>Height in Millimeters</i>
38	Akka Negritoes of the country of the Monbuttus.....	1,378
64	Kalahari Bushmen of Angra Pequena, etc.....	1,529
<i>No.</i>	<i>Statures below the average (1600-1649 mm., or 63-65 inches)</i>	<i>H. in Mill.</i>
50	Mzabites (Berbers of M'Zab, Algeria).....	1,620
36	Batekes of the Congo	1,641
<i>No.</i>	<i>Statures above the average (1650-1699 mm., or 65-67 inches)</i>	<i>H. in Mill.</i>
32	Arabs of Algeria.....	1,656
28	Mushikoeos of the Congo.....	1,658
1,103	Berbers of Tunis	1,663
29	Abyssinians.....	1,669
35	Danakils of Tajara.....	1,670
52	Berbers of Biskra (Chania tribe?)	1,673
244	Kabyles of Great Kabylia.....	1,677
180	Berbers of Algeria.....	1,680
27	Bashilanges of the Kasai.....	1,680
2,020	Negroes of the United States	1,681
863	Mulattoes of the United States.....	1,682
28	Bechuanas	1,684
25,828	Negroes and Mulattoes of the United States (conscrip- ts).....	1,693
<i>No.</i>	<i>High Statures (1.70 m., or 67 inches and up)</i>	<i>H. in Mill.</i>
315,620	Citizens of the United States (white) born in the country ...	1,719
31	Mandigans in general.....	1,700
25	Bejas (called Nubians)	1,708
72	Kaffirs (Ama-Xosa and Ama-Zulu).....	1,715
56	Western Zandebs (Mandjas, Akungs, Awakas, etc.)	1,717
56	Somalis (Eyssa, Habis, Hwakas, etc.).....	1,723
30	Tonconleurs or Torodas	1,725
62	Waloss, Severs and Leybus	1,730
25	Negroes of Darfur.....	1,730
35	Fulahs or Fulbes of French Sudan.....	1,741

Measurements of cephalic index from Denniker and Ripley show these results: (Negro tribes are in italics).

Dolichocephals (73-78).

Hindus,	North Chinese,
<i>Fulahs,</i>	Persians,
<i>Kaffirs,</i>	Japanese,
Portuguese,	<i>Bushmen,</i>
English,	<i>Hansas,</i>
Danes,	South Italians,
Swedes,	Spaniards.

Mesocephals (79-81).

Chinese,
French (d. du Nord),
Central Italians.

Brachycephals (82-89).

Dalmattons,
Tartars,
Piedmontese,
Magyars.

As Ripley says, "an important point to be noted in this connection is that this shape of the head seems to bear no direct relation to intellectual power or intelligence. Posterior development of the cranium does not imply a corresponding backwardness in culture. The broad-headed races of the earth may not as a whole be quite as deficient in civilization as some of the long heads, notably the Australians and the African Negroes. On the other hand, the Chinese are conspicuously long-headed, surrounded by the barbarian brachycephalic Mongol hordes; and the Eskimos in many respects surpass the Indians in culture. Dozens of similar contrasts might be given. Europe offers the best refutation of the statement that the proportions of the head mean anything intellectually. The English, as our map of Europe will show, are distinctly long-headed."*

For Negro Americans, almost the only measurements on a considerable scale are those taken over a generation ago during the Civil war, and often since published and studied. The best available figures to-day are those from the reports of the Surgeon-General of the United States army; subjoined are tables as to the examination of recruits, their height, weight and chest measurements:

*Ripley, p. 40.

*Examination of recruits during the year 1901 **

	White	Colored	Total
Total number of recruits examined.....	56,894	1,888	58,782
Of each 1,000 of these—			
Were accepted for service.....	623.93	647.78	624.70
Were rejected for under height.....	2.74	3.71	2.77
Were rejected for disabilities.....	286.66	279.13	286.42
Of each 1,000 accepted recruits the heights were as follows in inches:			
Under 61.....	.37		.35
61 to 62.....	.34		.33
62 to 63.....	1.69	4.09	1.77
63 to 64.....	15.86	17.99	15.93
64 to 65.....	98.54	106.39	98.80
65 to 66.....	124.71	148.81	125.51
66 to 67.....	167.16	165.17	167.10
67 to 68.....	166.69	178.25	167.07
68 to 69.....	157.14	156.17	157.10
69 to 70.....	123.02	96.48	122.14
70 to 71.....	82.31	67.05	81.81
71 to 72.....	35.97	37.61	36.03
72 to 73.....	16.76	15.54	16.72
73 to 74.....	6.96	5.72	6.92
74 upward.....	2.48	.82	2.42
Causes of rejection (exclusive of under height) expressed in ratios per 1,000 of examined recruits:			
Physical debility.....	2.27		2.19
Tuberculosis of lungs or other organs.....	2.09	3.19	2.13
Imperfect vision.....	41.36	24.89	40.80
Heart disease.....	27.54	22.25	27.37
Gout.....	.28		.27
Varicose veins, varicocele, hemorrhoids.....	41.09	20.13	40.42
Hernia.....	13.02	12.18	13.00
Flat feet.....	2.60	5.83	2.70

Examination of recruits during the year 1902 †

	White	Colored
Total number of recruits examined.....	42,183	3,085
Of each 1,000 of these—		
Were accepted for service.....	658.80	786.16
Were rejected for under height.....	.95	.99
Were rejected for disabilities.....	255.29	171.33
Of each 1,000 accepted recruits the heights were as follows (in inches):		
Under 61.....	.32	.84
61 to 62.....	.40	.42
62 to 63.....	1.51	2.93
63 to 64.....	11.51	10.06
64 to 65.....	87.69	99.33
65 to 66.....	125.73	137.89
66 to 67.....	162.72	171.42
67 to 68.....	177.08	189.86
68 to 69.....	158.98	147.11
69 to 70.....	123.14	117.77
70 to 71.....	76.11	70.41
71 to 72.....	40.05	31.85
72 to 73.....	22.31	14.25
73 to 74.....	8.89	3.35
74 upward.....	3.56	2.51
Causes of rejection (exclusive of under height) expressed in ratios per 1,000 of examined recruits:		
Physical debility.....	1.23	.99
Tuberculosis of lungs or other organs.....	3.15	.66
Imperfect vision.....	33.31	18.12
Heart disease.....	21.34	11.53
Gout.....	.40	.66
Varicose veins, varicocele, hemorrhoids.....	37.03	11.20
Hernia.....	11.02	8.24
Flat feet.....	3.80	3.63

* Report of the United States Surgeon-General, 1902.

† Ibid., 1903.

*Proportion of each height per thousand of accepted colored recruits **

HEIGHT	18 yrs. and under	19 yrs.	20 yrs.	21 yrs.	22 yrs.	23 yrs.	24 yrs.	25 yrs.
5 feet 1 inch and under								
5 feet 2 inches								
5 feet 3 inches				10.4	9.6			7.5
5 feet 4 inches				72.9	108.0	61.2	61.5	37.6
5 feet 5 inches				83.3	123.8	132.6	129.6	82.7
5 feet 6 inches	1,000.0			229.2	158.4	183.7	169.4	150.4
5 feet 7 inches				218.7	198.0	122.4	145.2	233.1
5 feet 8 inches				125.0	123.8	163.3	225.8	165.4
5 feet 9 inches				114.6	113.9	153.1	161.3	135.3
5 feet 10 inches				82.3	84.2	91.8	72.6	40.2
5 feet 11 inches				31.2	49.5	51.0	16.1	45.1
6 feet				31.2	29.7	20.4	16.1	22.6
6 feet 1 inch						20.4		7.5
6 feet 2 inches and over								22.6
Total	1,000.0			1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

HEIGHT	26 yrs.	27 yrs.	28 yrs.	29 yrs.	30 yrs.	31 yrs.	32 yrs.	33 yrs.
5 feet 1 inch and under								
5 feet 2 inches								
5 feet 3 inches	9.8			20.0				
5 feet 4 inches	107.8	85.7	69.4	120.0	128.2		35.7	47.6
5 feet 5 inches	186.3	114.3	83.3	160.0	51.3	211.4	178.6	
5 feet 6 inches	137.3	152.4	138.9	100.0	128.2	103.4	178.6	142.9
5 feet 7 inches	196.1	219.1	208.3	140.0	153.8	172.4	178.6	333.3
5 feet 8 inches	156.9	133.3	233.1	220.0	256.4	172.4	107.1	142.9
5 feet 9 inches	58.8	133.3	125.0	60.0	153.8	137.9	107.1	142.9
5 feet 10 inches	68.6	57.1	83.3	110.0		103.4	107.1	95.2
5 feet 11 inches	58.8	47.6	41.7		51.3		71.4	47.6
6 feet	19.6	28.6	13.9	40.0		34.5		
6 feet 1 inch		19.0			51.3		35.7	
6 feet 2 inches and over		9.5			25.6	34.5		47.6
Total	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

HEIGHT	34 yrs.	35 yrs.	36 yrs.	37 yrs.	38 yrs.	39 yrs.	40 yrs. and over	Total
5 feet 1 inch and under								
5 feet 2 inches								
5 feet 3 inches						83.3	24.1	7.1
5 feet 4 inches		47.6			76.9		60.2	73.0
5 feet 5 inches		142.9	272.6	200.0	153.8	250.0	144.6	123.2
5 feet 6 inches	166.7	238.1	272.6		230.8	166.7	108.4	157.8
5 feet 7 inches	250.0	238.1	363.7	100.0		83.3	216.9	192.3
5 feet 8 inches	333.3	140.5		600.0	307.7	166.7	216.9	175.8
5 feet 9 inches	125.0				230.8	166.7	84.3	117.7
5 feet 10 inches	41.7	47.6	90.5	100.0			96.4	79.2
5 feet 11 inches	83.3						24.1	38.5
6 feet		45.2				83.3	12.0	22.8
6 feet 1 inch							12.0	7.1
6 feet 2 inches and over								5.5
Total	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

* Ibid., 1905.

NEGRO HEALTH AND PHYSIQUE

Proportion of each height per thousand of accepted white recruits

[illegible][illegible][illegible]

ELEVENTH ATLANTA CONFERENCE

Proportion of each weight per thousand of accepted colored recruits.

WEIGHT	18 yrs. and under	19 yrs.	20 yrs.	21 yrs.	22 yrs.	23 yrs.	24 yrs.	25 yrs.
99 pounds and under								
100 to 109 pounds					9.9	10.2		7.5
110 to 119 pounds					118.9	40.8	8.1	67.7
120 to 129 pounds	1,000.0			145.8	257.4	214.3	48.4	172.9
130 to 139 pounds				333.3	287.1	336.7	298.9	345.8
140 to 149 pounds				281.2	287.1	336.7	298.4	345.8
150 to 159 pounds				156.3	183.2	255.1	241.9	188.0
160 to 169 pounds				62.5	89.1	102.0	121.0	82.7
170 to 179 pounds				20.8	34.7	20.4	40.3	60.1
180 to 189 pounds					19.8	20.4	8.1	60.1
190 to 199 pounds								15.0
200 pounds and over					5.0			
Total	1,000.0			1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

[illegible][illegible]

NEGRO HEALTH AND PHYSIQUE

45

*Proportion of each weight per thousand of accepted white recruits **

WEIGHT	18 yrs. and under	19 yrs.	20 yrs.	21 yrs.	22 yrs.	23 yrs.	24 yrs.	25 yrs.
99 pounds and under								
100 to 109 pounds								
110 to 119 pounds	150.0	192.3	66.7	25.1	22.1	16.5	15.7	19.0
120 to 129 pounds	300.0	230.8	166.7	177.7	153.6	111.2	123.0	109.4
130 to 139 pounds	350.0	307.6	366.7	328.4	287.7	280.6	252.8	256.9
140 to 149 pounds	150.0	153.8	200.0	256.6	282.0	279.7	274.4	273.1
150 to 159 pounds	50.0	38.5	166.7	141.8	152.8	180.7	179.8	193.2
160 to 169 pounds		38.5	33.3	50.5	72.8	93.2	95.3	91.9
170 to 179 pounds		38.5		13.8	20.4	25.9	37.7	34.9
180 to 189 pounds				4.9	6.9	9.1	10.8	11.6
190 to 199 pounds				4.9	1.2	2.4	4.3	5.4
200 pounds and over				.2	.5	.6	.3	1.6
Total	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

WEIGHT	26 yrs.	27 yrs.	28 yrs.	29 yrs.	30 yrs.	31 yrs.	32 yrs.	33 yrs.
99 pounds and under								
100 to 109 pounds								
110 to 119 pounds	19.2	22.2	15.0	17.1	24.5	11.8	17.7	7.1
120 to 129 pounds	117.2	116.6	118.3	103.5	103.4	107.5	98.7	57.0
130 to 139 pounds	232.8	254.9	228.1	224.1	231.4	237.1	207.7	231.0
140 to 149 pounds	280.4	255.1	260.8	262.8	244.7	256.3	268.1	262.8
150 to 159 pounds	195.4	189.9	178.4	184.5	190.2	182.5	201.8	194.0
160 to 169 pounds	93.3	98.3	128.8	119.7	120.1	100.1	109.0	100.5
170 to 179 pounds	37.8	38.3	36.6	51.3	46.7	58.9	48.6	58.2
180 to 189 pounds	17.6	14.4	22.9	21.6	30.0	26.5	28.0	26.5
190 to 199 pounds	4.1	7.2	8.5	9.9	5.6	7.4	11.8	19.4
200 pounds and over	2.1	2.8	2.6	5.4	3.3	11.8	8.8	3.5
Total	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

WEIGHT	34 yrs.	35 yrs.	36 yrs.	37 yrs.	38 yrs.	39 yrs.	40 yrs. and over	Total
99 pounds and under								
100 to 109 pounds								
110 to 119 pounds	16.9	14.8	8.7	24.5	32.6	17.8	27.2	20.1
120 to 129 pounds	82.9	98.8	121.2	77.6	93.0	76.9	99.5	129.1
130 to 139 pounds	252.4	207.4	150.5	253.1	176.7	218.9	166.2	263.6
140 to 149 pounds	241.1	237.0	204.0	183.7	227.9	189.4	205.6	265.6
150 to 159 pounds	184.6	175.3	181.8	216.3	176.7	159.8	149.3	172.0
160 to 169 pounds	120.5	128.4	121.2	93.9	153.5	159.8	130.5	90.6
170 to 179 pounds	45.2	74.1	56.3	69.4	65.1	76.9	93.9	34.4
180 to 189 pounds	30.1	32.1	26.0	44.9	32.6	35.6	56.3	14.9
190 to 199 pounds	11.3	14.8	17.3	24.5	27.9	41.4	36.6	6.1
200 pounds and over	15.1	17.3	13.0	12.3	14.0	23.7	34.7	3.6
Total	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

* Ibid.

ELEVENTH ATLANTA CONFERENCE

*Proportion of each measurement per thousand of accepted colored recruits**

CHEST MEASUREMENT	18 yrs. and under	19 yrs.	20 yrs.	21 yrs.	22 yrs.	23 yrs.	24 yrs.	25 yrs.
30 inches and under	1,000.0			10.4	14.4	10.2	8.1	15.0
31 inches				52.1	84.2	51.0	80.6	52.6
32 inches				291.7	188.1	142.9	145.2	165.4
33 inches				354.2	354.4	377.5	266.1	308.2
34 inches				177.1	203.0	244.9	282.3	203.0
35 inches				72.9	118.8	91.8	120.0	105.3
36 inches				31.2	19.8	71.4	56.5	75.2
37 inches				10.4	14.9		24.2	45.1
38 inches						10.2	8.1	22.6
39 inches and over								7.5
Total	1,000.0			1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

CHEST MEASUREMENT	26 yrs.	27 yrs.	28 yrs.	29 yrs.	30 yrs.	31 yrs.	32 yrs.	33 yrs.
30 inches and under	9.8	9.5		40.0			35.7	47.6
31 inches	58.8	66.7	41.7	80.0				47.6
32 inches	264.7	123.8	152.8	60.0	102.6	69.0	107.1	95.2
33 inches	254.9	276.2	263.9	240.0	256.4	172.4	142.9	238.1
34 inches	205.9	238.1	263.9	300.0	282.1	206.9	178.6	238.1
35 inches	117.6	114.3	138.9	160.0	128.2	241.4	285.7	142.9
36 inches	30.2	85.7	83.3	80.0	153.8	137.9	71.4	142.9
37 inches	30.2	38.1	41.7		76.9		107.1	
38 inches		47.6					71.4	47.6
39 inches and over	9.8		13.9	40.0				
Total	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

CHEST MEASUREMENT	34 yrs.	35 yrs.	36 yrs.	37 yrs.	38 yrs.	39 yrs.	40 yrs. and over	Total
30 inches and under	41.7	47.6						13.3
31 inches			90.9		76.9		12.0	54.9
32 inches	41.7	142.9	181.8	200.0	153.8		120.5	165.3
33 inches	166.7	285.7	272.7		153.8	166.7	204.8	285.4
34 inches	291.7	140.5	181.8	400.0	528.5	333.3	144.0	228.1
35 inches	166.7	95.2	100.9	100.0	76.9		144.0	124.0
36 inches	83.3	95.2	181.8	200.0		250.0	132.8	75.3
37 inches	83.3	142.9					60.2	31.4
38 inches	83.3						18.2	14.9
39 inches and over	41.7			100.0		88.3	72.3	11.0
Total	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0

* Ibid.

NEGRO HEALTH AND PHYSIQUE

47

Proportion of each measurement per thousand of accepted white recruits—Continued[illegible][illegible][illegible]

The following figures are taken from McDonald's study of school children in the District of Columbia which included over 16,000 pupils, of whom 5,000 or more were colored. A Kansas city study is also included: *

ALL GIRLS							
LIMITS OF DIFFER- ENT AGES			Total number of pupils	Average height	Average sit- ting height	Average weight	Average circumference of head
FROM—	TO—						
<i>Yrs. Mos.</i>	<i>Yrs.</i>	<i>Mos.</i>		<i>Inches</i>	<i>Inches</i>	<i>Lbs.</i>	<i>Inches</i>
5 1	6	6	94	44.23	24.25	43.33	19.23
5 5	6	11	37	43.97	23.87	42.10	20.20
6 5	7	6	375	45.09	24.65	45.74	19.94
6 7	7	6	133	45.40	24.77	44.97	19.92
7 7	8	6	754	47.44	25.46	49.41	20.14
8 7	9	6	883	49.13	26.23	53.67	20.29
9 7	10	6	939	51.20	26.98	58.55	20.43
10 7	11	6	431	53.11	27.82	64.19	20.54
11 7	12	6	876	55.78	29.05	73.20	20.78
12 7	13	6	966	57.91	30.13	81.85	20.55
13 7	14	6	833	60.24	31.44	93.02	21.18
14 7	15	6	655	61.65	32.26	100.38	21.28
15 7	16	6	450	62.40	32.81	105.19	21.38
16 7	17	6	323	62.99	33.01	110.01	21.55
17 7	18	6	151	63.15	33.17	111.50	21.60
17 7	23	6	41	62.91	32.86	111.14	21.60
18 7	19	9	13	64.33	33.70	112.96	21.98
18 7	20	8	66	63.01	33.21	110.72	21.98
			8,520				

ALL COLORED GIRLS								
LIMITS OF DIFFER- ENT AGES			Total number of pupils	Average height	Average sit- ting height	Average weight	Average circumference of head	
FROM—		TO—						
<i>Yrs.</i>	<i>Mos.</i>	<i>Yrs.</i>	<i>Mos.</i>		<i>Inches</i>	<i>Inches</i>	<i>Lbs.</i>	<i>Inches</i>
5	10	6	6	113	43.81	23.72	42.61	19.92
6	7	7	6	248	46.61	24.70	48.63	20.50
7	7	8	6	218	47.91	25.21	53.02	20.51
8	7	9	6	209	49.02	25.74	56.89	20.72
9	7	10	6	250	50.85	26.55	62.80	20.84
10	7	11	6	266	52.94	27.35	68.89	20.87
11	7	12	6	279	54.46	27.92	77.55	20.95
12	7	13	6	270	57.42	29.09	88.40	21.14
13	7	14	6	243	59.56	30.24	98.52	21.48
14	7	15	6	167	60.06	30.74	103.10	21.51
15	7	16	6	129	61.47	31.57	106.97	21.50
16	7	17	6	83	62.25	31.91	112.96	21.74
17	7	18	6	54	62.27	32.27	115.12	21.86
18	7	19	6	20	62.73	33.21	117.75	21.78
19	7	20	11	9	60.41	31.47	109.33	22.14
				2,558				

* Report of United States Commissioner of Education, 1897-98, Vol. I, page 989, ff.

* Report of the United States Commissioner of Education, 1897-98, Vol. I, page 1085.

NEGRO HEALTH AND PHYSIQUE

49

ALL BOYS

LIMITS OF DIFFER- ENT AGES		Number of pupils	Average height	Average weight	Average circumference of head
FROM—	TO—				
<i>Yrs. Mos.</i>	<i>Yrs. Mos.</i>		<i>Inches</i>	<i>Lbs.</i>	<i>Inches</i>
5	3	103	44.69	45.24	20.22
6	0	44	44.75	45.31	20.28
6	7	533	45.97	47.70	20.45
7	7	787	47.83	51.47	20.51
8	7	878	49.74	56.16	20.61
9	7	930	51.70	61.54	20.73
10	7	862	53.19	66.26	20.82
11	7	986	55.14	72.73	20.94
12	7	926	56.76	79.38	21.01
13	7	784	59.14	88.27	21.21
14	7	528	61.79	100.95	21.45
15	7	345	64.32	113.71	21.67
16	7	120	65.97	121.18	21.87
16	7	32	66.45	124.21	22.13
16	7	22	67.03	123.10	22.12
17	7	38	67.06	131.99	21.91
18	7	7	68.73	132.25	22.48
19	7	28	67.66	135.56	22.34
		7,953			

ALL COLORED BOYS

LIMITS OF DIFFER- ENT AGES		Total number of pupils	Average height	Average sit- ting height	Average weight	Average circumference of head
FROM—	TO—					
<i>Yrs. Mos.</i>	<i>Yrs. Mos.</i>		<i>Inches</i>	<i>Inches</i>	<i>Lbs.</i>	<i>Inches</i>
5	0	73	44.17	24.04	43.44	20.24
6	7	246	46.08	24.73	50.10	20.28
7	7	288	47.74	25.34	53.19	20.51
8	7	303	49.26	26.14	59.04	20.67
9	7	335	51.14	26.51	65.17	20.81
10	7	271	52.10	26.90	69.44	20.95
11	7	286	53.94	27.99	75.97	20.87
12	7	321	56.08	28.46	83.50	21.07
13	7	282	57.38	29.36	90.90	21.31
14	7	220	60.09	30.37	99.42	21.41
15	7	124	63.13	31.25	113.45	21.45
16	7	131	65.37	32.82	125.42	21.95
18	7	19	66.16	29.42	131.75	22.16
		2,899				

ELEVENTH ATLANTA CONFERENCE

RACE IN RELATION TO CEPHALIC INDEX, SENSIBILITY, ETC.*

	No. of persons	Average Age	Dolichocephalic	Mesocephalic	Brachycephalic	Least sensibility to locality		Strength of grasp		Least sensibility to heat	
						Right wrist	Left wrist	Right hand	Left hand	Right waist	Left waist
ALL BOYS:		Yr. Mo.	%	%	%	Mm.	Mm.	Kilos	Kilos	° R.	° R.
White	526	12 9	11	45	44	16.4	15 5	20.9	19.6	4 17	3.89
Colored	33	13 3	32	53	15	14.3	13.9	19.7	18.4	2.07	1.77
ALL GIRLS:											
White	548	13 1	12	48	40	14.9	13.9	16.8	15.8	4 43	4.06
Colored	58	13 1	27	52	21	15.3	14.2	17.3	16.3	2.64	2.47

Kansas City, Mo., School Children (1890)†

White Children

BOYS				GIRLS			
No.	Age	Average height	Average weight	No.	Age	Average height	Average weight
	<i>Years</i>	<i>Inches</i>	<i>Pounds</i>		<i>Years</i>	<i>Inches</i>	<i>Pounds</i>
349	10	52	67.5	400	10	51.08	65.92
365	11	53	70.16	411	11	52.7	66.2
408	12	56	78.28	469	12	54.015	80.64
293	13	56.6	87.45	311	13	57.43	91.72
347	14	58.6	93.45	366	14	60.31	100.1
133	15	62.4	111.27	313	15	62.04	109.36
129	16	63.93	119.	186	16	65.52	111.16
77	17	64.8	126.6	87	17	62.9	117.11
24	18	66.66	136.83	52	18	63.29	118.92
				24	19	64.2	120.25

Colored Children

BOYS				GIRLS			
No.	Age	Average height	Average weight	No.	Age	Average height	Average weight
	<i>Years</i>	<i>Inches</i>	<i>Pounds</i>		<i>Years</i>	<i>Inches</i>	<i>Pounds</i>
28	10	51	72.7	30	10	49.8	74.56
36	11	53.36	78.25	52	11	52.8	79.85
44	12	53.73	83	61	12	54	82.83
51	13	56	89	62	13	56.85	97.145
29	14	58.88	98.55	44	14	58.75	103.83
33	15	61	112.3	46	15	61.54	110.13
9	16	64.44	121.1	32	16	62.8	117
5	17	65	130	12	17	66	128

* Report of the United States Commissioner of Education, 1897-98, Vol. I, page 1010.

† Report of the United States Commissioner of Education, 1897-98, Vol. I, page 1108.

The general conclusions from these studies were:

White children have much longer bodies than colored children, and are taller, but the colored children are heavier.

The white boys are taller than the colored boys. In sitting height the difference is very striking, and it would seem to indicate that white boys have comparatively a greater length of trunk than length of legs as compared with colored boys. The colored boys are heavier from age 6 to 15. From 15 to 16 the white boys are heavier.

The colored boys are taller than the colored girls at ages 6, 9, 10, 15 and on. At other ages the girls are taller. In sitting height the boys are taller until 10 and at 12. In weight colored boys are heavier, except from 11 to 16, when the difference between boys and girls is somewhat similar to that in white children, except that this pubertal period begins about a year later and ends a year later than in white children.

The percentage of long-headedness among the colored boys is more than double that of the white boys. This is doubtless due to racial influence.

In colored children the circumference of head in the boys is superior to that of the girls at ages 6 and 11, but inferior at other ages; that is, in general the girls excel the boys in head circumference.

The white boys of American parentage have a larger head circumference than the colored boys from ages 6 to 8; again at about 12, and from 15 to 17; at other ages the colored boys excel. As the numbers compared are large this can hardly be accidental, yet we know of no reason for this alternate increase and decrease between the boys of two races, for in the case of the girls there is no such alternation.

Comparing white girls of American parentage and colored girls as to circumference of head, the colored girls show quite a marked increase from about 6 to 10 and from 14 to 15. It may be noted here that these periods of marked increase correspond to the periods of increase of colored boys over white boys; that is, from about 7 to 11 and 13 to 15. The colored girls excel the white girls in circumference of head at all ages. Comparing colored girls with all white girls, the colored girls have a larger circumference of head at all ages except at 6.

As circumference of head increases mental ability increases. (A note adds, "among those of the same race.")

Colored children are much more sensitive to heat than white children. This probably means that their power of discrimination is much better and not that they suffer more from heat.

McDonald's studies referred to above give a few psycho-physical measurements:

	BRIGHT		DULL		AVERAGE	
	<i>Total</i>	<i>Per Cent</i>	<i>Total</i>	<i>Per Cent</i>	<i>Total</i>	<i>Per Cent</i>
All boys.....	2,809	38.72	1,214	16.22	3,373	45.06
All girls.....	3,296	38.70	917	10.77	4,304	50.53
All colored boys.....	1,257	43.36	486	16.76	1,156	39.88
All colored girls.....	1,751	68.45	673	26.31	134	5.24

	MENTAL DIVISIONS	All studies	Algebra	Arithmetic	Drawing	Geography	History	Language and English	Manual labor, sewing	Mathematics	Music	Pennmanship	Reading	Science, botany	Spelling
Boys of American parentage	Bright	51	36	44	34	35	44	32	29	50	21	28	43	44	33
	Dull	14	19	18	22	13	15	19	21	16	29	27	21	12	24
	Average	35	45	38	44	52	41	43	50	34	47	45	36	44	43
Girls of American parentage	Bright	45	49	37	35	36	11	46	40	34	40	40	54	15	48
	Dull	9	11	19	17	12	15	10	9	20	10	13	11	15	14
	Average	46	40	44	48	52	44	44	51	46	50	47	35	40	38
Colored boys	Bright	46	61	54	47	45	51	42	44	36	45	49	25	41	
	Dull	23	8	20	17	13	11	17	.....	31	19	17	22	43	23
	Average	31	31	26	36	42	38	41	.....	25	45	38	29	32	36
Colored girls	Bright	69	65	60	40	62	64	63	.....	49	54	17	31	59	
	Dull	28	19	29	25	25	22	.....	.....	14	19	21	11	23	
	Average	3	16	11	35	13	14	15	.....	37	27	62	58	18	

One manifest cause of physical differences between white and colored people in the United States is difference in physical nourishment. The studies of the United States Department of Agriculture,* although few in number, indicate the following results:

Dietaries of Negroes and Others

	Cost	Protein	Fat	Carbo-hydrates	Fuel Value
Average of 19 Negro families in Virginia.....	11 cts.	109 gms	15 ⁰⁰ gms	444 gms.	3,745
Average of 20 Negro families in Alabama	8 "	62 "	132 "	436 "	3,270
Average of 4 Mexican families in New Mexico ..	8 "	64 "	71 "	610 "	3,550
Average of 14 mechanics' families.....	19 "	103 "	150 "	402 "	3,465
Average of 10 farmers' families.....	.....	97 "	130 "	467 "	3,515
Average of 14 professional men's families	28 cts.	104 "	125 "	423 "	3,325
Tentative standard for man at moderate work .....	.....	125 "	.....	.....	3,500

With regard especially to the Alabama diets, which represent the diet of the Black Belt, the report says:

Comparing these Negro dietaries with other dietary standards it will be seen that—

(1) The quantities of protein are very small; roughly speaking, the food of these Negroes furnished one-third to three-fourths as much protein as are called for in the current physiological standards and as are actually found in the dietaries of well-fed whites in the United States and well-fed people in Europe. They were indeed, no larger than have been found in the dietaries of the very poor factory operatives and laborers in Germany and the laborers and beggars in Italy.

(2) In fuel value the Negro dietaries compare quite favorably with those of well-to-do people of the laboring classes in Europe and the United States.

(3) The marked peculiarity of the Negro dietaries, namely, their lack of protein, is shown in the nutritive ratios. While the proportion of protein to fuel ingredients in the dietary standards and in the food of well-fed wage-workers ranges from 1:5 to 1:7 or 8, and is about 1:5.5 or 1:6 in the dietary

* United States Department of Agriculture, Dietary Studies, etc., in Alabama, 1897; do., in Virginia, 1899.

standards, the nutritive ratio of the Negro dietaries range from 1:7 to 1:16. Leaving out two quite exceptional cases, the lowest was 1:10 and the average 1:11.8.

6. Some Psychological Considerations on the Race Problem*

By Dr. Herbert A. Miller

Race problems are pressing hard upon most of the nations of the world. They are part of the general social question, which is growing more and more important. The first difficulty in understanding these problems is to find a clear definition of racial lines. External comparison is not enough to create a boundary between different peoples when they happen to have the same spiritual interests, i. e., the ultimate differences are psychical rather than physical. At any rate the psychophysical comparison of races is offering facts to scientific investigation in a field as yet almost untouched. Wherever there is a heterogeneous people there is need for exact knowledge of the capacities and possibilities of its constituents.

The cause of the backwardness of the so-called lower races is variously attributed to the influence of environment of all sorts, and to natural incapacity. These points of view differ so absolutely in kind that it is necessary to make an earnest effort to analyze the relation between the two, in order that energy may not be wasted in an effort to reach common conclusions from absolutely different premises. At present both opinions are chiefly based on assumptions. Each may accord with actual conditions, but each involves a very different attitude towards the course of human development: the one assuming that, in general, equal results follow equal conditions, and that the apparent differences are due to unequal home training, economic conditions, and social ideals; the other, that, whatever the conditions, the possibilities are not the same. Between these two extremes the discussion of the Negro, and to some extent of the Indian in the United States, has been hopelessly mangled, and upon them practical educational theories have been based. Most of the sympathizers with industrial education for the Negro believe that such education is fitted to his capacity even more than to his needs.

A knowledge of the influence of environment is necessary for the understanding of a race, but it is not fundamental in drawing race lines, since environment must act upon something, and any conclusion as to its influence involves a consideration of that upon which it acts. Other facts are brought in through anthropology, in which anatomical comparisons have been supplemented with general psychological observations which have been made, unfortunately, by men of no special psychological training, and therefore have questionable value. By a purely psychological method alone can exact scientific data be obtained on what is really a psychological problem.

* Reprinted by permission from *Bibliotheca Sacra*, April, 1906.

Psychology has a comprehensive and a restricted field. In the former, it includes the total complex activity of mental life; in the latter, it describes only the isolated elements of the complex. The complex activity is the reaction of the psychic organism to the meaning of life. This is the popular meaning of the term "psychology." Any fact of the mind, whether intellectual, moral, or spiritual, is referred to this category. It cannot be scientific, for it does not lend itself to analysis. It is an attitude of the mind which is the result of many psychic elements working together, plus the practical theory of the universe which the individual happens to hold. This varying combination of influences which shape every attitude makes classification impossible, and to call it psychology takes one but little nearer scientific explanation. The uncertainty of complexity makes it desirable to seek relatively isolated elements. These will be component parts of the whole, but will have a meaning limited to their own functioning: e. g., the memory of legal terms to the lawyer varies with the importance of their bearing upon his cases. But memory of nonsense syllables has an interest limited solely to their interest as a memory exercise. In other words, the quality of memory may be different in different individuals, but no adequate test can be made where the interest and attention differ. Unrelated figures and letters having a minimum of interest offer an approximate condition of equality for the comparison of the memory of different individuals. The simplest element of mind that can be tested is, to be sure, more or less complex, being made up of, as yet, unanalyzable elements, but the variation of the relatively simple states is much less than that between the complex totalities. Two brothers may differ but slightly in capacity, but responsibility falling upon one will develop entirely different activity. In the simple states can be found regular and predictable variation; but in the complex, developed by the business of life, it is accidental and incalculable.

Psychophysics aims to describe these relatively simple states without relating them to their value in life. The results are meagre, but they are the only ones that can have any scientific value, because of their comparative invariability, while the larger reactions are made up of constantly changing meanings of ideals. The spirit or purpose behind the act is what determines its quality; in other words, it is the personality interpreting the value of the act to the organism as a whole. The performance of the act, on the other hand, depends on the fundamental capacity of the organ which performs it. Thus desire for study, and capacity for accomplishment, are quite different things. Again and more obviously, it is this interpretation of the value of life that makes one man moral and the other immoral, though both may have equal psychophysical capacity. To conclude, from the manifestations of immorality among the Negroes, or from their failure to recognize certain social conventions, that the Negro is incapable of morality or of adaptation to the social demand, is a conclusion based upon inadequate evidence. Morality and social adaptation are the result of the interpretation of the value of a situation, and not a necessary development

of inherent capacity. Therefore, not until different races have had exactly the same history can any valid conclusion be drawn as to their relative psychophysical capacity if mere observation is used. This does not mean that there is no such a thing as race characteristics, but that there are elements in interpretation that are independent of race. This, however, is a philosophical question. My point is that there is something that cannot be put to empirical test in all practical activity.

Space fails me to give any account of the many psychological observations that have been made concerning primitive people. Suffice it to say that there have been many things said; and there are great differences of opinion,—from those who see the savage little removed from the possibilities of a brute, to those who think the difference between the highest and lowest man is very slight. It may be the uncivilized instead of the uncivilizable mind that is described. The fact that some observers find that the ideas are sensuous instead of abstract may arise out of the demands of the environment. It may not call for anything except sensuous ideas. Again, Indians and Negroes are said to lack the power of attention, and hence the door of learning is closed to them. Some travelers say that in Africa a few sentences will weary a native, and therefore conversation cannot be held with him. But attention is not merely a natural possession. In our schools the habit has to be cultivated by all sorts of subterfuges from the guardhouse to the elective system. According to the doctrine of “interest,” on which the elective system is based, we find the savage giving perfect attention to his hunt. He has been under no necessity of developing the power of abstraction. Many of the arguments concerning primitive psychology arise from the logic of *post hoc, ergo propter hoc*. Africans are said to think it foolish to have manufactured articles when it would have been quite easy to get along without them, but what they *think* is no criterion of what they would think if they knew more. We can parallel that indifference in the pure Anglo-Saxons who are known as Highlanders, who find it very difficult to see the sense of the attempt to bring them back into the fold of civilization. A family in the Tennessee Mountains had but one pan, which was used for cooking, serving food, and as a family wash-basin. A new pan was presented, but was hung unused on the wall. When remonstrated with for not using it, the woman said, “Aint we uns got one pan?” The idea of progress is not inherent in any man, but is the social heritage derived from a long study of the meaning of the world.

I do not wish to be understood as claiming that race characteristics are not definite and important, but anthropologists have based their conclusion as to the difference in race levels upon the degree to which they *suppose* the race to have evolved. Their teachings have been eagerly grasped by the general public as a scientific support of their belief that the Negro is inferior to the whites.

I cannot go into the bearings of the doctrine of evolution upon the question, but, accepting the doctrine of Weissmann, would add, in the words of a writer on evolution: “Civilization and education are exter-

nal and not internal, extrinsic and not intrinsic forces. . . . Civilization has changed his surroundings, but has it changed *the man*?* This is an important question, but progress is not evolution in the strict sense of the word. It depends on subjective influences. As John Morley says: "The world grows better in the moderate degree that it does grow better because people wish that it should, and take the right steps to make it better. Evolution is not a force but a process, not a cause but a law. It explains the source and marks the immovable limitations of social energy. But social energy can never be superseded by evolution or anything else." Psychology as I use it has the narrower meaning, which makes it parallel with evolution as used by Mr. Morley. It can aim to study the "immovable limitations," but it is utterly impossible for it to give a standard for measuring the social energy which is the force that makes most of the visible results. We can study the perceptions, but we can do very little with the conceptions, for they form the unanalyzed elements. In conception we get an ethical environment which throws light on every situation, and thus distinguishes man from animal; we deal with every practical situation at something more than its face value in pleasure and pain.

We find this influence as applied to the Negro summed up excellently by one of the race speaking of his people: "They must perpetually discuss the Negro problem, must live, move and have their being in it, and interpret all else in its light or darkness. From the double life that every American Negro must live as a Negro and American, as swept on by the current of the nineteenth century while struggling in the eddies of the fifteenth—from this must arise a powerful self-consciousness and a moral hesitancy which is almost fatal to self-confidence. Today the young Negro of the South who would succeed cannot be frank and outspoken, but rather is daily tempted to be silent and wary, politic and sly. His real thoughts, his real aspirations, must be guarded in whispers; he must not criticize, he must not complain. Patience and adroitness must in these growing black youth, replace impulse, manliness, and courage. . . . At the same time, through books and periodicals, discussions and lectures he is intellectually awakened. In the conflict some sink, some rise."† This description of the conditions of real life indicates the impossibility of drawing psychological conclusions from practical reactions. We cannot fairly compare a black and a white artisan when the latter has pride in his work and the other an indifference due, in part at least, to the consciousness of his social position. Still there may be differences due solely to race. I would like to tell how I think this difference in attitude complicates any estimate of moral and cultural possibilities, but I must hasten on to indicate briefly my method of direct experimentation, which, though utterly incomplete, yet seems to me to be the direction in which this subject must be pursued if we wish to get the truth unhampered by the prejudice of

* H. W. Conn: *Method of Evolution*, p. 212.

† DuBois: *Souls of Black Folk*.

one's geographical position. In a word I aimed to make tests of the simplest sort upon people of as nearly the same condition as possible. The subjects were pupils in schools of comparable grades, and numbered 2,488 Negroes, 520 Indians, and 1,493 whites, including 596 Highlanders in the Tennessee and Kentucky mountains. All the tests were given by myself under as nearly as possible the same conditions and without variation. I can only name the tests, and say that they were devised for the purpose of giving them to groups, and that all my subjects came in groups which would average about forty in number. A careful record of age and sex and grade was kept, and the comparison considered those facts. My word for the reliability of the work must be accepted, and I hope before very long to publish a full description of the details. The tests were: (1) quickness and accuracy of perception; (2) disconnected memory, both auditory and visual, as tested by figures and letters exposed and read; (3) logical memory, tested by reproducing a story; (4) rational instinct, as shown in the immediate detection of fallacies; (5) suggestibility, as shown by the judgment of the size of equal circles on which there were numbers of different denominations; and, finally, (6) color preference.

I can give at present only some representative averages, which are interesting, and on the whole fairly indicative of the results obtained by a more complete interpretation of the figures. With the exception of the first table, which gives the actual number, all the results are in percentages. The graphic representation of the figures shows some things that cannot appear from the mere averages. Averages for the quickness of perception:

	MALE		FEMALE	
	No.	Av.	No.	Av.
Whites . . .	355	31.17	236	33.61
Indians . . .	160	31.81	120	34.77
Negroes . . .	377	32.35	412	34.68

The average is misleading, as the plot shows that the larger number of Indians are quicker than the larger number of either of the other races, but both aspects of the figures are consistent in showing that there is but slight difference in races in the same sex, but that there is a consistent difference in the quickness of the sexes, the females being the quicker. In disconnected memory I had five tests, and two facts are striking: the superiority of visual over auditory memory, and the consistent but slight superiority of the females, but the race differences are small. It did not seem to be unfair to combine all the persons of the same race for all the five tests in one average, and thus make it possible to multiply the number of cases by five. I do this because of the alleged superiority of the Negroes for so-called rote memory.

<i>Male and Female</i>		<i>Auditory and Visual Memory</i>	
No. Whites	2,560	Av. 55	Av. deviation 19
" Indians	1,362	" 53.3	" " 17.5
" Negroes	4,098	" 56.8	" " 19

The conclusion seems to me to be that the differences are very slight. The variation shows that a large part of each group overlaps the others.

At the same time the similarity of the deviations shows that the averages are fairly representative.

Let me give the results of the tests for logical memory:

	<i>No. Males</i>	<i>Av. %</i>	<i>No. Females</i>	<i>Av. %</i>
Whites	343	40.27	221	38.9
Indians	101	37.7	88	35.17
Negroes	334	40.45	427	37.49

Here the difference between the sexes is the reverse of that appearing in disconnected memory. There is almost no difference between the Whites and the Negroes; the Indians are not strictly comparable, for reasons that I cannot enter upon at this time.

Finally I would like to give you some idea of the results of the color choice test. I gave this to a larger number than any of the others. I performed these tests in two different years, and all in the same manner, except that in the second year I changed from Milton Bradley colors to Prang colors, with very interesting results. Out of the Milton Bradley colors I had 13 against 12 of the Prang. With the Milton Bradley colors 42.1 per cent of the white girls chose red and 19 per cent blue; and 42.01 per cent of the white boys preferred blue and 17.6 red. The number of persons was 380 and 112. Of the Negroes, numbering 201 girls and 267 boys, 3.6 per cent of the girls and 3.4 per cent of the boys chose red, and 57.1 per cent of the girls and 52.1 per cent of the boys chose blue. These facts are interesting, but quite different from those with the Prang colors. Putting red and red-violet together, we have the following table:

	<i>Red and Red-Violet</i>	<i>Blue</i>
W. M.	11.4 %	50.4 %
W. F.	27	41.4
I. M.	20.6	35.5
I. F.	49.4	18.5
N. M.	7.3	30
N. F.	17.1	41.6

Two things appear from this. That there is a racial difference in color preference, and that it makes a good deal of difference what colors are used. Preference for red does not mean for any red, and if the one presented is not quite right another color will be chosen. For the other colors than red and blue the figures are nearly parallel. It is a surprise to most people that the Negro does not take the red, but he consistently avoids it. The colors that we see in life are not so much the result of psychophysical as of social reaction. The one fact that stands out clearly in this investigation is the smallness of the differences between the Negroes and whites within the range of these experiments. In general we find the Indians somewhat lower in their averages than the other two races. I do not suggest the possible inferiority of the Indians; but there is not an iota of evidence to show that they are superior to Negroes. This is contrary to the general assumption.

We must not conclude from these tests that there are no psychophysical differences between the races; in fact, we do find some tendencies of divergence, and admit the possibility of many more. The complex of all these tendencies gives the temperamental tone, which obviously

does characterize sexes and races. The differences, however, are of degree rather than of kind. It is not sufficient to make a sharp line of demarcation. In the curves which represent the figures we find that the large mass of the persons of all the races are included within the common space. So far as the original endowment of the Negro is concerned, I would conclude that there is nothing in kind to differentiate him particularly as a different psychic being from the Caucasian. I have not entered upon the prevailing difference of opinion that exists upon this point.

In estimating the psychological development of a person or race, no one should be spurned for the peculiarities that he possesses. Some racial tendencies have undoubtedly been developed by natural selection, but we are accustomed to make an assessment in contemporary psychic values, and consider primitive those that do not fit the present social order. In the process of the universe a race may have a contribution to make through its very peculiarities; and it may at least find in these peculiarities a means of working out its own salvation. Thus the vivid imagination which I found in the Negro, and the unquestioned musical genius of the Negro, are to be given a value that we cannot estimate. The transition from the morning school song of the Negroes to that of equally untrained whites is like going from a symphony to a hand-organ. No one will question this gift of music in the Negro; and may we not expect from it, and other gifts which do not stand out so obviously, some social contribution from this and every race? We no longer hear much about the mental inferiority of women; but we are accepting the fact that the two sexes have different natural aptitudes, and are adapting the educational possibilities to meet those aptitudes. This should be the case with different races. But let us not jump to conclusions as to what these aptitudes are; for we are likely to judge from present rather than future social valuations. Perhaps from some such method as I have undertaken we can learn more of the differences between individuals.

Finally, class and race as well as sex problems arise from lack of spiritual affinity between the groups or individuals concerned. They lack "consciousness of kind." This phrase resolves itself into consciousness of the same kind of ideals or purposes. A social relation exists as soon as there are common purposes. If the ideals or purposes differ there will be antagonism. The first cause of this difference is due to some superficial accidental condition, such as the customs of the tribe or the color of the skin, which stand as symbols of the sameness of kind. That these external symbols are only accidental is proved by the ease with which they are laid aside when some deeper principle draws men together, bridging chasms that had seemed impassable. Mere propinquity will often do it. This accidental element in the race problem makes it no less real, but the purpose of science and philosophy is not to get the temporal and the accidental, but rather the universal and essential. The purpose of education and social progress is to make the accidental give way to the essential, and to let each individual stand for his true worth to society; then the problems as they now confront us will cease to exist.

7. The Increase of the Negro-American

The Negro element in the United States, classing all mulattoes as Negroes (except those who pass as white), has increased as follows:*

Negro population 1790 to 1900

CENSUS	Negro population	INCREASE OF NEGRO POPULATION DURING—				Percent of increase of the white population during—	
		Preceding 10 years		Preceding 20 years		Preceding 10 yrs.	Preceding 20 yrs.
		No.	Per cent	No.	Per cent		
Continental United States.							
1900.....	8,833,494	1,345,318	18.0	2,253,201	34.2	21.2	53.9
1890 †.....	7,488,676						
1890 †.....	7,470,040	889,247	13.5			26.7	
1880 †.....	6,580,733	1,700,784	31.9	2,138,963	48.2	29.2	61.2
1870.....	4,880,009	438,179	9.9			24.8	
1860.....	4,441,820	863,022	22.1	1,568,182	54.6	37.7	89.7
1850.....	3,638,808	765,160	26.6			37.7	
1840.....	2,873,648	545,006	23.4	1,101,992	62.2	34.7	80.5
1830.....	2,328,642	556,986	31.4			33.9	
1820.....	1,771,656	393,848	28.6	763,619	76.8	34.2	82.7
1810.....	1,377,808	375,771	37.5			36.1	
1800.....	1,002,037	244,829	32.3			35.8	
1790.....	757,208						

Wilcox gives a simpler table derived from this, together with a correction of the erroneous censuses of 1870 and 1890, and a prophecy as to the future increase of Negroes:‡

DATE	Number: Unit, 10,000	Increase in—		Per cent of increase	
		10 years	20 years	10 years	20 years
1710.....	76				
1800.....	100	24		32.3	
1810.....	138	38		37.5	
1820.....	177	39	77	28.6	76.8
1830.....	233	56		31.4	
1840.....	287	54	110	23.4	62.2
1850.....	364	77		26.6	
1860.....	441	80	157	22.1	54.6
1870.....	541	97		21.7	
1880.....	658	117	214	21.7	48.2
1890.....	770	112		17.0	
1900.....	883	113	225	14.7	34.2
1920.....	||1,150				30.2
1940.....	1,451				26.2
1960.....	1,773				22.2
1980.....	2,006				18.2
2000.....	2,334				14.2

* Twelfth Census, Bulletin 8, p. 29.

† Includes population of Indian Territory and Indian reservations.

‡ Excludes population of Indian Territory and Indian reservations.

§ Quarterly Journal of Economics, August, 1905.

|| These and the following figures estimated on Wilcox's percentages.

Wilcox thus thinks that there will be less than 25,000,000 Negroes in the United States at the beginning of the third millenium. Other estimates place this number as high as 60,000,000, while a conservative mean would be perhaps 35,000,000. The data upon which guesses are based are the birth and death rates. No reliable birth statistics exist. Assuming the substantial correctness of the death rate, the Twelfth Census estimates the excess of births as follows:

*Increase in native population, 1890-1900, and excess of births per 1,000 of population, by classes**

	NATIVE WHITE		COLORED
	<i>Native Parents</i>	<i>Foreign Parents</i>	
UNITED STATES.....	19.5	36.5	17.8
Northeastern Division	3.8	39.6	10.1
Central and Northern Divisions	20.0	36.0	10.2
Southern Division	24.1	27.4	19.1
Western Division	25.9	40.3	0.2

A more accurate method is a comparison of the number of children with the number of women of child-bearing age. For the whites these figures go back to 1830:

Number of white children under 5 years of age to 1,000 white females 15 to 49 years of age, by states and territories: 1830-1900†

	<i>Number of white children under 5 years of age to 1,000 white females 15-49 years of age</i>							
	1900	1890	1880	1870	1860	1850	1840	1830
Continental United States.	465	473	537	562	627	613	744	781

For colored children the data only go back to 1850:

Number of children under 5 years of age to 1,000 females 15 to 44 years of age for the Continental United States‡

	<i>Total</i>	<i>White</i>	<i>Colored</i>	<i>Excess of colored</i>
1900.....	474	465	543	78
1890.....	485	473	574	101
1880.....	550	537	706	169
1870.....	572	562	641	79
1860.....	634	627	675	48
1850.....	626	613	694	81

* Twelfth Census, Vol. III, page 51.

† Twelfth Census, Bulletin No. 22.

‡ Ibid.

§ Negro, Indian and Mongolian.

A more detailed presentation follows:

*Number and per cent of children under 10 and 5 years of age, respectively, in the Negro, Indian and Mongolian population, and decrease in per cent during the preceding 10 years, 1830-1900**

CENSUS	Per cent of Negro, Indian and Mongolian population.		DECREASE IN PER CENT			
			Under 10 years of age during—		Under 5 years of age during—	
	<i>Under 10 yrs. of age</i>	<i>Under 5 yrs. of age</i>	<i>Preceding 10 years</i>	<i>Preceding 20 years</i>	<i>Preceding 10 years</i>	<i>Preceding 20 years</i>
Continental United States.						
1900	27.1	13.6	1.1	4.8	0.2	2.9
1890	28.2	13.8	3.7	+3.8	2.7	+0.5
1880	31.9	16.5	+7.5	+1.6	+3.2	+0.5
1870	24.4	13.3	5.9	6.9	2.7	2.2
1860	30.3	16.0	1.0	2.9	0.5	.....
1850	31.3	16.5	1.9	2.9	.....	.....
1840	33.2	.....	1.0	.....	.....	.....
1830	31.2	.....	.....	.....	.....	.....

*Number and per cent of children under 10 and 5 years of age, respectively, in the white population, and decrease in per cent during 10 years: 1800 to 1900**

CENSUS	Per cent of white population		DECREASE IN PER CENT			
			Under 10 years of age during—		Under 5 years of age during—	
	<i>Under 10 yrs. of age</i>	<i>Under 5 yrs. of age</i>	<i>Preceding 10 years</i>	<i>Preceding 20 years</i>	<i>Preceding 10 years</i>	<i>Preceding 20 years</i>
Continental United States.						
1900	23.3	11.9	0.4	2.6	0.1	1.5
1890	23.7	12.0	2.2	2.7	1.4	2.1
1880	25.9	13.4	0.5	2.5	0.7	1.9
1870	26.4	14.1	2.0	2.2	1.2	0.7
1860	28.4	15.3	0.2	3.2	0.5	2.1
1850	28.6	14.8	3.0	3.9	2.6	3.2
1840	31.6	17.4	0.9	1.8	0.6	.....
1830	32.5	18.0	0.9	1.9	.....	.....
1820	33.4	.....	1.0	1.0	.....	.....
1810	34.4	.....	.....	.....	.....	.....
1800	34.4	.....	.....	.....	.....	.....

For city and country the figures are:

* Twelfth Census, Bulletin No. 22.

+ Increase.

*Number of children under 5 years of age to 1,000 females 15 to 44 years of age in cities having at least 25,000 inhabitants and in smaller cities or country districts by main geographic divisions, and the ratio of those numbers to the number for the whole division taken as 100: 1900**

DIVISION OR RACE	Number of children under 5 years of age to 1,000 females 15-44 years of age: 1:00			Ratio to No. in whole division taken as 100, of No.—			Difference in ratio
	Total	In cities having at least 25,000 inhabitants	In smaller cities or country districts	In cities having at least 25,000 inhabitants	In smaller cities or country districts		
Total population:							
Continental United States.....	518	390	572	75.3	110.4		35.1
White population:							
Continental United States	508	399	559	78.5	110.0		31.5
Negro, Indian and Mongolian populations:							
Continental United States.....	585	260	651	44.4	111.3		66.9

The conclusions from these figures are:

- 1 The Negro birth rate exceeds and has always exceeded the white birth rate.
- 2 The Negro birth rate decreased slightly from 1850 to 1870, then increased to 1880, and has since rapidly decreased.

It may be added that of the native stocks of America the Negro is by far the most prolific, the only exception being the Southern whites during the last decade, where increasing economic prosperity has increased marriages and children to an unusual degree, while storm and stress has harried the Negroes.

YEAR	Children under 5 and women 15-44	
	<i>Southern whites</i>	<i>Southern Negroes</i>
1850	695	705
1860	682	688
1870	601	661
1880	656	737
1890	580	601
1900	581	577

Turning now to the age composition of the Negro-Americans:

The simplest and probably the most significant single expression of the age constitution of the population is the median age. This is the age with reference to which the population can be divided into halves—that is, half of the population are younger and half are older than the median age. †

* Twelfth Census, Bulletin No. 22.

† Twelfth Census, Bulletin 13, page 21.

*Median age of the population classified by sex, general nativity and race, for persons of known age in Continental United States: 1900**

CLASS OF POPULATION	Both Sexes	Males	Females
AGGREGATE	22.85	23.29	22.43
Native born	20.10	20.20	20.02
Foreign born	38.42	38.71	38.03
Total white	23.36	23.82	22.91
Native white	20.22	20.33	20.12
Native white—native parents	21.10	21.27	20.93
Native white—foreign parents	18.05	17.99	18.11
Foreign white	38.43	38.71	38.04
Total colored	19.70	19.97	19.46
Negro	19.45	19.45	19.44

The median age of Negroes has increased as follows:

Median age of the colored † population, classified, Continental United States: 1790 to 1900 ‡

1900	19.70	1870	18.49	1840	17.27
1890	17.83	1860	17.65	1830	16.10
1880	18.01	1850	17.33	1820	17.75

The general age composition is as follows by percentages: §

YEAR	NATIVE WHITES			COLORED		
	Under 15	15-59	60 and over	Under 15	15-59	60 and over
1880	42.6	52.9	4.9	44.2	51.2	4.6
1890	40.0	54.8	5.2	42.1	53.3	4.6
1900	39.0	55.8	5.2	39.5	55.6	4.9

A most interesting matter is a comparison of the sex distribution of whites and blacks in America:

Proportion of males and females in every 10,000 ||

SEX

DATE	NEGROES		WHITES	
	Male	Female	Male	Female
1820	5,082	4,918	5,080	4,920
1830	5,074	4,926	5,077	4,923
1840	5,014	4,986	5,030	4,910
1850	4,578	5,022	5,104	4,896
1860	4,950	5,010	5,116	4,844
1870	4,505	5,095	5,056	4,944
1880	4,942	5,057	5,088	4,912
1890	4,986	5,014	5,121	4,879
1900	4,969	5,030	5,108	4,892

The influence of the slave-trade, slavery and serfdom, is here easily traced. The excess of colored women in cities is noticeable because of their greater economic opportunity there.

* Twelfth Census, Bulletin 13, page 21. † Includes Indians and Mongolians.

‡ Twelfth Census, Bulletin 13, page 22. § Ibid., p. 26. || Twelfth Census, Bulletin 14.

8. The Sick and Defective

There is much uncertainty as to the purely racial differences in human liability to disease. Ripley sums up our general knowledge today as follows: *

Three diseases are peculiar to the white race and to civilization—namely, consumption, syphilis, and alcoholism, there being marked differences in the predisposition of each of the barbarous races for them, which often vary inversely with the degree of civilization they have attained:

The European races in their liability to consumption stand midway between the Mongol and the Negro, climatic conditions being equal.

The pure Mongolian stock seems to be almost exempt from its ravages.

The Negro even in the tropics is especially subject to all affections of the lungs. The black races have in general less fully developed chests and less respiratory power than the European race.

They are consequently exceedingly sensitive to atmospheric changes, and are severely handicapped in any migration for this reason. Buchner distinguishes between "ectogenous" and "endogenous" diseases: the former due to environment, as malaria; the latter from within, as in tuberculosis. He avers that the white races more easily fall a prey to the first, the Negroes to the second. Certain facts, notably the relative immunity of the African aborigines from septicaemia, seem to give probability to this.

Almost invariably, where the European succumbs to bilious or intestinal disorders, the Negro falls a victim to diseases of the lungs even in the tropics.

The predisposition of the Negro for elephantiasis and tetanus, his sole liability to the sleeping sickness, so severe that in some localities the black is utterly useless as a soldier, his immunity from cancer and his liability to skin diseases in general, together with his immunity from yellow fever and bilious disorders, are well-recognized facts in anthropology.

[As to syphilis] probably brought by Europeans to America and to New Guinea and by them disseminated in Polynesia, this disease seems to be unknown in Central Africa to any extent. In fact, it dies out naturally in the interior of that continent even when introduced, while it kills the American aborigines at sight. The American Negroes, however, are seemingly very prone to it.

For the Negro-American the best creditable figures are those of the United States army, as follows:

Ratio per 1,000 of applicants for enlistment in the United States army rejected after physical examination

		Accepted	Rejected	Declined
1901	{ White	624	289	87
	{ Colored	618	283	69
1902	{ White	659	256	85
	{ Colored	786	172	42
1903	{ White	620	290	90
	{ Colored	636	304	60
1904	{ White	668	257	84
	{ Colored	665	275	59

The Negro candidates for admission seem to be in better physical condition than the whites.

* Ripley, p. 564.

Those rejected show the following racial differences:

Causes of rejection among candidates for United States army: ratio per 1,000 examined

1901

Number examined.....	{ White, 56,894	Colored, 1,888
CAUSES OF REJECTION	Ratio per 1,000	Ratio per 1,000
Venereal diseases.....	19.65	53.50
Other infectious diseases.....	3.50	4.77
Diseases of nutrition, general.....	2.27	
Diseases of the nervous system.....	2.88	.53
Diseases of the digestive system.....	20.09	15.89
Diseases of the circulatory system.....	39.09	28.07
Diseases of the respiratory organs.....	2.86	1.59
Diseases of the genito-urinary system.....	28.95	15.36
Diseases of the lymphatic system and ductless glands.....	1.27	3.71
Diseases of the muscles, bones, and joints.....	4.34	2.12
Diseases of the Integument and subcutaneous connective tissue.....	5.11	5.30
Diseases of the eye.....	11.67	24.89
Diseases of the ear.....	4.15	2.65
Diseases of the nose.....	.90	
Hernia.....	13.02	12.18
Other injuries.....	2.50	1.06
Overheight.....	.02	
Underheight.....	2.74	3.71
Overweight and obesity.....	.46	
Underweight.....	14.40	7.42
Imperfect physique.....	47.84	33.37
Mental insufficiency.....	.47	

1902

Number examined.....	{ White, 42,183	Colored, 3,035
CAUSES OF REJECTION	Ratio per 1,000	Ratio per 1,000
Venereal diseases.....	21.57	34.60
Other infectious diseases.....	3.08	1.98
Diseases of nutrition, general.....	1.23	.99
Diseases of the nervous system.....	1.83	.99
Diseases of the digestive system.....	19.10	8.57
Diseases of the circulatory system.....	31.15	15.82
Diseases of the respiratory organs.....	3.15	.66
Diseases of the genito-urinary system.....	24.04	9.55
Diseases of the lymphatic system and ductless glands.....	1.49	3.29
Diseases of the muscles, bones, and joints.....	2.92	.99
Diseases of the Integument and subcutaneous connective tissue.....	5.41	4.28
Diseases of the eye.....	33.52	18.12
Diseases of the ear.....	3.44	2.30
Diseases of the nose.....	.47	.66
Hernia.....	11.02	8.24
Other injuries.....	2.01	1.32
Overheight.....	.05	
Underheight.....	.95	.99
Overweight and obesity.....	.38	.66
Underweight.....	11.50	2.96
Imperfect physique.....	38.40	19.11
Mental insufficiency.....	.72	

NEGRO HEALTH AND PHYSIQUE

67

1903	White, 30,634	Colored, 1,271
Number examined	Ratio per 1,000	Ratio per 1,000
CAUSES OF REJECTION		
<i>Special causes</i>		
Physical debility	0.24	
Tuberculosis of lungs and other organs	4.67	7.08
Imperfect vision	29.83	11.80
Heart disease	30.00	14.95
Goiter	20	
Varicose veins, varicocele, and hemorrhoids	40.46	14.16
Hernia	12.40	3.93
Flat feet	4.34	79
<i>General causes</i>		
[Excluding those above.]		
Epidemic diseases	.03	
Veneral diseases	26.11	51.14
Other general diseases	.55	
Diseases of the nervous system	.65	
Diseases of the eye	2.42	2.36
Diseases of the ear	4.57	3.15
Diseases of the circulatory system	.76	.79
Diseases of the respiratory system	5.19	8.65
Diseases of the digestive system	16.29	8.05
Diseases of the genito-urinary system	4.77	3.93
Diseases of the skin and cellular tissue	8.00	7.87
Diseases of the organs of locomotion	12.04	8.65
Injuries (external causes)	3.46	
Overheight	.03	
Underheight	3.07	3.15
Overweight and obesity	.65	
Underweight	12.93	8.65
Imperfect physique	17.23	8.65
Mental insufficiency	1.40	3.93
1904		
CAUSES OF REJECTION	Ratio per 1,000	Ratio per 1,000
Veneral diseases	100.46	170.78
Heart disease	94.85	68.31
Defects of vision	92.37	49.33
Varicocele	71.54	55.03
Hernia	55.42	64.51
Varicose veins	40.22	13.28
Diseases of digestive system, except hernia	38.85	7.59
Underweight	36.37	20.87
Hemorrhoids	36.13	22.77
Chest development, insufficient	29.08	37.15
Diseases of organs of locomotion, except spinal curvature	29.00	32.26
Skin diseases	27.40	20.87
Physical debility	22.67	9.49
Curvature of spine	19.31	20.87
Diseases of genito-urinary system (non-venereal)	18.59	18.98
Defects of development, except as shown in detail	17.94	15.18
Injuries	15.70	13.28
Diseases of respiratory system, except tuberculosis	15.30	22.77
Underheight	12.42	11.39
Defects of hearing	11.86	3.80
Tuberculosis	11.38	15.18
Flat feet	10.89	18.98
Diseases of the eye, except defects of vision	5.85	3.80
Diseases of the circulatory system, except as shown in detail	5.77	28.47
General diseases, except epidemic	3.28	
Diseases of the nervous system, except weakness of mind	2.88	1.10
Weakness of mind	2.16	1.90
Epidemic diseases	1.84	
Overweight and obesity	1.60	3.80
Diseases of the ear, except defects of hearing	1.52	
Overheight (cavalry and field artillery)	.16	5.69

There is among Negroes a constant excess of venereal disease among unsuccessful applicants, an excess of tuberculosis and poor chest development and a slight deficiency in stature. The whites exceed particularly in diseases of digestion, the nervous system, diseases of the genito-urinary system, deficiencies of sight, underweight, imperfect physique, heart disease, varicose veins, etc.

The general prevalence of sickness is illustrated by the following tables:

Effect of disease and injury on the army during 1901, as compared with the corresponding data for 1900 and for the decade 1890-1899

	United States Army		
	White	Colored	
Mean strength, year 1901.....	85,357	7,184	
Total admissions to sick report.....	152,537	13,169	
Per 1,000 of mean strength.....	1,787.06	1,845.95	
Per 1,000 for 1900.....	2,352.60	1,841.67	
Per 1,000 for decade 1890-1899.....	1,505.25	1,504.20	
Admissions for disease.....	136,214	11,726	
Per 1,000 of mean strength.....	1,596.18	1,643.67	
Per 1,000 for previous year.....	2,157.97	1,626.57	
Per 1,000 for preceding decade.....	1,278.01	1,239.33	
Admissions for injury.....	16,293	1,443	
Per 1,000 of mean strength.....	190.88	202.27	
Per 1,000 for previous year.....	194.63	215.10	
Per 1,000 for preceding decade.....	227.24	264.87	
Discharges for disability, all causes.....	1,747	98	
Per 1,000 of mean strength.....	20.47	13.74	
Per 1,000 for previous year.....	23.09	16.47	
Per 1,000 for preceding decade.....	16.71	15.79	
Discharges for disease.....	1,364	74	
Per 1,000 of mean strength.....	15.18	10.37	
Per 1,000 for previous year.....	18.08	13.47	
Per 1,000 for preceding decade.....	13.15	12.42	
Discharges for injury.....	383	24	
Per 1,000 of mean strength.....	4.49	3.36	
Per 1,000 for previous year.....	5.01	3.49	
Per 1,000 for preceding decade.....	3.56	3.38	

1901-1902				
	White troops	Colored troops	Filipino troops	U.S. Army decade 1891-1900
Mean strength, 1902.....	71,679	4,273	4,826	40,446
Total admissions to sick report, 1902.....	122,308	8,109	8,239	691,794
Per 1,000 of mean strength.....	1,706.33	1,897.74	1,707.21	1,710.43
Per 1,000 for 1901.....	1,787.06	1,815.95		
Admissions for disease, 1902.....	107,471	7,279	7,868	602,417
Per 1,000 of mean strength.....	1,499.19	1,703.49	1,630.31	1,489.44
Per 1,000 for 1901.....	1,546.18	1,643.67		
Admissions for injury, 1902.....	15,131	830	371	89,577
Per 1,000 of mean strength.....	211.11	194.25	76.87	220.98
Per 1,000 for 1901.....	190.88	202.27		
Discharges for disability, all causes.....	1,757	114	13	7,133
Per 1,000 of mean strength.....	24.51	26.68	2.69	17.63
Per 1,000 for 1901.....	20.47	13.74		
Discharges for disease.....	1,482	107	9	5,574
Per 1,000 of mean strength.....	20.68	25.04	1.86	13.78
Per 1,000 for 1901.....	15.98	10.37		
Discharges for injury.....	275	7	4	1,559
Per 1,000 of mean strength.....	3.83	1.64	0.83	3.85
Per 1,000 for 1901.....	4.49	3.36		

In the decade 1890-99 the sickness of Negro troops on account of disease was less than that of whites, since then, in 1901 and 1902, it was more and in 1903-4 markedly less, although probably foreign service may spoil the comparison:

1903-1904

Proportion per thousand of mean strength

ENLISTED MEN	Mean strength	Admitted		
		Total	Disease	Injury
White troops.	1904.. 55,619	1,304.92	1,127.32	237.60
	1903.. 55,518	1,534.31	1,291.19	243.12
Colored troops.	1904.. 3,121	1,176.22	866.31	309.83
	1903.. 3,183	1,025.76	770.34	255.42
Porto Rican troops	1904.. 540	1,420.37	1,253.70	166.67
	1903.. 578	1,484.43	1,275.08	209.34
Filipino troops.	1901.. 4,610	1,137.09	1,023.21	113.88
	1903.. 4,789	1,372.32	1,285.03	87.29

ENLISTED MEN		Discharged—surgeon's certificate of disability.			Con-stantly non-effective	Days Treated	
		Total	Disease	Injury		Each Soldier	Each case
White troops.	1904.. 23.17	20.66	2.51		50.60	18.52	13.57
	1903.. 26.63	24.59	2.04				
	1901.. 18.07	17.45		.62	35.62	13.03	11.08
Colored troops.	1903.. 12.57	11.00	1.57				
	1904.. 12.66	7.41	5.55		61.84	22.63	15.93
Porto Rican troops	1903.. 25.45	24.22	1.73				
	1901.. 5.86	5.64	.22		32.05	11.73	10.32
Filipino troops.	1903.. 10.23	10.02	.21				

NOTE.—Days for the year 1903 not suitably consolidated for use in this table.

For particular diseases the following tables are added, showing a smaller sick list for Negroes in nearly everything except lung troubles. Even in venereal disease the foreign service of white troops has led to their excess—a curious commentary on imperialism:

1904

The relative prevalence of certain special diseases among white and colored troops, with the admission rates per thousand for each race, are shown in the following tables:

DISEASE	White	Colored
Typhoid fever.	6.00	0.64
Measles.	19.04	4.17
Malaria.	51.30	21.14
Syphilis.	29.60	13.78
Alcoholism.	26.43	12.18
Dysentery.	8.82	4.17
Gonorrhea.	108.61	86.83
Insanity.	1.71	1.60
Frostbite.	1.30	9.61
Smallpox. ....	.29	.64
Sunstroke. ....	.17	.32
Pneumonia.	5.12	8.65
Tuberculosis.	4.41	6.41

Venereal Diseases

The following table shows the prevalence of the venereal diseases as compared with last year and the quinquennial period since the Spanish-American war:

Ratios per 1,000 of mean strength

	ADMITTED		
	White	Colored	Total
Gonorrhea:			
Year 1904	108.60	86.83	107.05
Year 1903	85.31	69.12	84.09
Years 1899-1903			98.84
Chancroids:			
Year 1904	27.73	30.12	27.90
Year 1903	27.74	32.67	28.11
Years 1899-1903			27.90
Syphilis:			
Year 1904	29.59	13.78	28.47
Year 1903	24.46	13.51	23.61
Years 1899-1903			20.56
Total venereal:			
Year 1904	165.93	130.73	163.43
Year 1903	137.51	115.30	135.84
Years 1899-1903			147.30

Malarial Diseases

Ratios per 1,000 of mean strength

	ADMITTED		
	White	Colored	Total
Malarial intermittent fever:			
Year 1904	45.37	18.58	43.47
Year 1903	52.33	30.16	50.66
Years 1899-1903			121.00
Malarial remittent or continued fever:			
Year 1904	4.07	2.24	3.94
Year 1903	7.96	5.97	7.81
Years 1899-1903			16.09
Pernicious malarial fever:			
Year 1904 .....	.02		.02
Year 1903 .....	.08		.07
Years 1899-1903 .....			.18
Malarial cachexia:			
Year 1904	1.84	.32	1.73
Year 1903	2.38	1.26	2.30
Years 1899-1903			6.63
Total malarial diseases:			
Year 1904	51.30	21.15	49.16
Year 1903	62.75	37.39	60.83
Years 1899-1903			143.90

Statistics as to insane and defective are very imperfect and relate only to those in institutions. The census figures for 1903 are as follows:

Negro Insane in Hospitals December 31, 1903

Continental United States	9,452	North Atlantic States	1,326
Men	4,805	North Central States	1,101
Women	4,647	Western States	108
South Atlantic States	4,135		
South Central States	2,779	North	2,538
South	6,914		

By age these figures are given:

Negro Insane in Hospitals December 31, 1903

All ages	9,452	40-44	807	75-79	27
Under 15	78	45-49	637	80-84	28
15-19	602	50-54	445	85-89	7
20-24	1,477	55-59	261	90-94	4
25-29	1,377	60-64	214	95-99	0
30-34	1,195	65-69	123	100 and over	1
35-39	1,086	70-74	96	Unknown	911

To the above may be added 172 feeble minded. The census report says:

The largest representation of colored insane is found in the South Atlantic and South Central States, and in each of those states, except Delaware, West Virginia and Kentucky, the percentages which the colored constitute of the insane in hospitals are much smaller than the percentages which Negroes form of the general population. In Delaware 22.1 per cent of the insane in hospitals on December 31, 1903, were colored, yet the Negroes constituted but 16.6 per cent of the total population at the last census. In Kentucky, with 13.3 per cent Negroes in the population, 15.6 per cent of the insane in hospitals were colored. On the other hand, in Alabama and Mississippi, for instance, with respectively 45.3 and 58.7 per cent colored in their population in 1900, the percentages of colored among the insane in hospitals in 1903 were only 27.9 for Alabama and 37.4 for Mississippi. It is unthinkable that the actual ratio of insane to population among the colored of Delaware or Kentucky should so greatly exceed that of Alabama or Mississippi, or that it should be relatively much higher than in any of the other Southern states. In fact, the available statistics do not show the relative frequency with which insanity occurs among the Negroes, but merely the extent to which they are cared for in hospitals. The returns from Delaware, West Virginia, Kentucky and a number of Northern states would seem, however, to point to a ratio of insane to population among Negroes which equals if it does not surpass that among the whites.

The figures for the blind in 1900 are:

The Blind, by Degree of Blindness and Color

COLOR	Blind	Totally Blind	Partially Blind
Number:			
White	56,535	30,350	26,172
Colored	8,228	5,286	2,942
Per cent distribution by degree of blindness:			
White	100.0	53.7	46.3
Colored	100.0	64.2	35.8
Number per 100,000 population of same color:			
White	84.6	45.4	39.2
Colored	89.6	57.6	32.0

United States Census: Special Report on Insane, etc., 1904.

ELEVENTH ATLANTA CONFERENCE

The Blind

	<i>Total</i>	<i>Childhood (under 20)</i>	<i>Adult life (20 and over)</i>	<i>Unknown</i>
Colored, totally blind	5,286	1,516	3,497	273
Attended school	1,034	571	436	27
Special	383	347	24	12
Other	370	154	212	4
Both	3	3		
Not specified	278	67	200	11
Did not attend school	3,780	870	2,727	183
Not stated	472	75	334	63
Colored, partially blind	2,942	913	1,861	168
Attended school	815	388	381	36
Special	177	142	12	3
Other	415	205	195	15
Both				
Not specified	243	51	174	18
Did not attend school	1,831	461	1,278	92
Not stated	216	54	202	40

There were nearly 5,000 deaf colored people reported in 1900:

Number of Deaf

	<i>Total</i>	<i>White</i>	<i>Colored</i>
Total	89,287	84,361	4,926
Period of life when deafness occurred:			
Childhood (under 20)	50,216	46,807	3,489
Adult life (20 and over)	35,924	31,655	1,269
Unknown	3,067	2,899	168
Degree of deafness:			
Totally deaf	37,426	34,510	2,836
Partially deaf	51,861	49,771	2,090
Ability to speak well	55,501	53,449	2,052
Imperfectly	9,117	8,902	515
Not at all	21,369	22,010	2,359
Sex:			
Male	46,915	44,923	2,692
Female	42,372	40,188	2,234

9. Mortality*

The death rate for colored† (Negroes, Indians, etc.,) and white, for the country is:

Death Rate Per Thousand Living, United States

Registration area

	1890	1900
Colored	29.9	29.6
White	19.1	17.3

Registration states

Colored	27.4	25.3
White	19.5	17.3

Cities in registration states

Colored	31.5	27.6
White	22.1	18.6

Country districts in registration states

Colored	18.1	19.0
White	15.3	15.4

* All figures in this section are from United States Census reports unless otherwise noted.

† There are no separate figures for Negroes in 1890.

While the colored death rate greatly exceeds the white, the improvement is manifest in both races. The greatest enemy of the black race is consumption. The following figures illustrate the chief diseases:

<i>Deaths per 100,000 living Negroes</i>	1890	1900
Consumption	546	485
Pneumonia	279	355
Nervous disorders	333	308
Malaria	72	63

The decrease for consumption is very gratifying, but the high mortality is still a menace. The increase for pneumonia is partially accounted for by the general increase in the country.*

In regard to children, these figures tell of the slaughter of the innocents:

To every 1,000 living colored children, there are each year the following number who die:

<i>Children under 1 year of age</i>	1890	1900
Registration states	458	344
Cities	580	337
Country	204	219
<i>Children under 5 years of age</i>	1890	1900
Registration states	119	112
Cities	151	132
Country	55	67

More detailed tables follow :

Color and Race in Relation to Deaths

Population, deaths and death rates, by race †

AREAS	White	Negro	Indian	Chinese	Japanese
Registration record:					
Population	27,555,800	1,180,546	14,010	48,565	8,348
Deaths	475,640	35,710	319	914	86
Death rate	17.3	30.2	22.8	18.8	10.3
Registration cities:					
Population	20,503,666	1,100,501	1,198	46,996	8,270
Deaths	367,430	34,478	60	912	86
Death rate	17.9	31.1	50.1	19.4	10.4
Registration states:					
Population	17,086,319	330,693	13,206	13,461	511
Deaths	292,618	8,650	270	129	3
Death rate	17.1	26.2	20.3	9.6	5.9
Cities in registration states:					
Population	10,031,185	250,648	484	11,892	433
Deaths	184,408	7,118	11	127	3
Death rate	18.4	28.4	22.7	10.7	6.9
Rural part of registration states:					
Population	7,052,134	80,045	12,812	1,569	78
Deaths	108,210	1,532	259	2	83
Death rate	15.3	19.1	20.2	1.3	10.6
Registration cities in other states:					
Population	10,469,481	849,853	714	35,104	7,837
Deaths	183,022	27,060	49	785	83
Death rate	17.5	31.8	68.6	22.4	10.6

The following table gives some figures for the past:

* For whites: 1890, 182.2; 1900, 184.8.

† Twelfth Census, Vol. III, page lxxix.

Showing the Number of Deaths and Rate of Mortality of Whites and Blacks *

CITY	Period of Observation	Sum of annual population				Number of Deaths			Living to one death		Rate of Mortality				
		No. years	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	
SPECIFIC YEARS															
Boston	1725 to 1774 and 1855 to 1861	60	2,634,585	84,078	2,719,263	71,856	5,468	77,811	36,351	21,314	57,665	9	797	902	896
New Bedford	1861, 1862 and 1863	3	66,236	4,833	71,129	1,550	179	1,729	42,752	78,413	95,314	35	213	65	43
Providence	1840 to 1863	24	940,727	35,210	975,937	20,714	1,936	22,650	45,826	36,455	36,703	28	303	70	17
New York	1821, 1824 to 1829, 1831 to 1838, 1838 to 1863	24	16,306,030	568,665	16,874,695	512,007	22,092	534,099	85,234	38,311	71,345	103	1,043	1,146	17
Buffalo	1854 to 1857 and 1859 to 1863	30	670,216	7,104	677,320	17,167	151	17,321	59,045	48,319	59,364	25	562	162	55
Philadelphia	1821 to 1863	43	12,425,719	759,308	13,185,027	283,732	27,417	311,149	43,702	65,123	108,825	37	633	102	35
Baltimore	1818, 1824, 1825, 1827 to 1831, 1833, 1834, 1836 to 1863	38	4,304,472	868,110	5,197,582	107,235	2,811	110,046	30,475	37,441	67,916	1	482	21	63
Washington	1849 to 1860	12	458,436	126,616	585,052	34,082	2,811	36,893	50,475	37,441	87,916	2	642	69	63
Charleston	1822 to 1860	39	533,412	624,765	1,158,177	13,150	16,860	30,010	58,157	77,119	125,276	2	101	215	82
New Orleans	1849, 1850, 8 months of 1855, 1856 and 1860	42 ³	538,950	119,297	658,247	32,123	6,217	38,340	16,771	17,117	33,888	2	61	21	74
Memphis	1851, 1852 and 1853	3	23,771	8,153	31,924	1,406	428	1,834	16,081	19,051	35,132	5	915	245	74
Eleven cities			38,502,614	3,216,789	42,119,423	1,070,850	111,872	1,182,622	36,3928	75,835	61,2	753	47	87	87

* Eighth Census: Mortality, etc., page 280; quoted in report of Freedmen's Inquiry Commission, 1863, whence it was copied, and in Whiteox: Probable Increase, etc. It does not, as Whiteox thinks, refer to a population of 3,000,000 Negroes and 38,000,000 whites, but to less than one-tenth of these numbers.

Causes of the Mortality Among the White and Colored Patients of the Freedmen's Bureau under Treatment from 1865 to June 30, 1872*

	WHITE			COLORED		
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Number of patients	22,053		430,466			
Deaths from all causes	735	33.3	18,027	41.9		
Deaths from miasmatic diseases	288	13.1	8,364	19.4		
Deaths from enthetic diseases	9	.4	100	.4		
Deaths from dietic diseases	7	.3	49	.1		
Deaths from constitutional diseases	65	2.9	2,371	5.5		
Deaths from nervous diseases	46	2.1	765	1.8		
Deaths from circulatory diseases	10	.5	357	.8		
Deaths from respiratory diseases	48	2.2	1,814	4.2		
Deaths from digestive diseases	59	2.7	1,302	3.0		
Deaths from urinary diseases	13	.6	228	.5		
Deaths from diseases of women	8	.4	184	.4		
Deaths from all other causes	182	8.3	2,433	5.7		

* Reburn: Type of Disease among Freed People of United States. Wash., 1891, page 16.

The general tendency of Negro death rates is well illustrated in the case of the following cities:

Negro death rates per 1,000

YEAR	Washington, D. C.	Baltimore, Md.	Boston, Mass.	New York, N. Y.	Chicago, Ill.
1875.....	40.74				
1876.....	37.89				
1877.....	37.63				
1878.....	36.98				
1879.....	35.71				
1880.....	31.27				
1881.....	34.54				
1882.....	30.69				
1883.....	34.61				
1884.....	35.49				
1885.....	32.80				
1886.....	31.25				
1887.....	31.59				
1888.....	32.97				
1889.....	34.20				
1890.....	32.68	33.57	32.04		25.79
1891.....	31.53	31.48		25.09	24.70
1892.....	32.55	29.86	32.89	24.36	28.30
1893.....	31.47	30.76	31.68	25.80	26.85
1894.....	31.47	31.60	32.34	23.90	32.75
1895.....	*28.18	32.06	31.14	26.61	25.30
1896.....	28.54	30.76	32.74	27.35	23.11
1897.....	28.05	28.88	28.36	27.05	20.44
1898.....	28.44	31.62	24.76	26.27	21.80
1899.....	28.98	30.60	27.66	25.13	21.25
1900.....	24.00	32.80	25.19	29.06	22.85
1901.....	29.36	32.30	26.76	24.47	21.68
1902.....	27.97	30.76	26.51	29.74	24.51
1903.....	27.17	29.45	22.97	23.42	26.56
1904.....	27.52	31.44	21.03		21.85
1905.....		31.12		28.02	23.57

Death rates of Negroes per 1,000

	1890	1900
Atlanta, Ga.....	33.57	31.8
Baltimore, Md.....	36.41	31.2
Charleston, S. C.....	53.94	46.7
Louisville, Ky.....	31.98	28.7
Memphis, Tenn.....	29.97	28.6
Mobile, Ala.....	43.75	30.8
Nashville, Tenn.....	23.92	32.8
New Orleans, La.....	36.61	42.4
St. Louis, Mo.....	34.55	32.2
San Antonio, Tex.....	23.24	22.4
Savannah, Ga.....	41.47	43.3
Richmond, Va.....	40.80	38.1

The following figures are for the various causes of death:

* Before 1896, by fiscal years; by calendar years, beginning with 1896.

ELEVENTH ATLANTA CONFERENCE

*United States: death rate per 100,000: 1900**

	White	Negro	Indian	Chinese	Japanese
Measles	13.1	15.2	61.2	.....	.....
Scarlet fever	12.0	2.6	7.1	.....	.....
Diphtheria and croup	45.9	32.0	7.1	6.2	.....
Whooping cough	12.1	28.6	.....	6.2	.....
Malarial fever	6.5	63.2	.....	2.1	12.0
Influenza	23.6	32.0	50.0	.....	.....
Typhoid fever	32.4	67.5	28.6	22.7	107.8
Diarrheal diseases	129.5	214.0	171.3	43.2	47.9
Consumption	173.5	485.4	506.8	656.8	239.6
Cancer and tumor	66.7	48.0	28.6	49.4	24.0
Heart disease and dropsy	137.4	221.1	92.8	175.0	35.9
Pneumonia	184.8	355.8	228.4	282.1	59.9
Diseases of the liver	22.8	20.9	7.1	51.5	12.0
Diseases of the nervous system	213.7	308.0	135.6	57.6	47.9
Diseases of the urinary organs	99.8	157.3	78.5	142.1	35.9
Old age	53.5	66.7	50.0	16.5	.....

The following conclusions may be drawn:

The death rate of only one-eighth of the Negro population was recorded in 1900, and far fewer previously.

Nine-tenths of the recorded Negro death rates in 1900 refer to the city Negro population, while four-fifths of the Negroes live in the country.

Of the 7,000,000 Negroes living in the country the recorded death rates cover only districts where 80,000 live. If the death rate of these districts is true for the whole rural Negro population then the true death rate for the Negro-American is less than 22 per 1,000. In any case the death rate of 30 per 1,000 is an exaggeration and unfair for purposes of comparison with the whites.

The Negro death rate is, however, undoubtedly considerably higher than the white. It has decreased notably since ante-bellum times.

The excess is due principally to mortality from consumption, pneumonia, heart disease and dropsy, diseases of the nervous system, malaria and diarrheal diseases.

Negroes have a smaller death rate than the whites in scarlet fever, diphtheria, cancer and tumor, and diseases of the liver.

The figures for consumption follow and show a gratifying decrease, but a still large mortality:

Death Rates by Color and Nativity

CONSUMPTION	Years	Aggregate	White Total	Colored Total
Registration area. {	1900	187.3	173.5	490.6
	1890	245.4	230.0	516.1
Boston {	1884-90	.....	378.9	762.8
	1900	.....	.....	711.6
Dist. of Columbia. {	1890	.....	.....	591.8
	1900	.....	.....	514.0
Baltimore {	1890	.....	.....	524.6
	1900	.....	.....	417.7
New York {	1884-90	.....	318.14	774.21
	1900	.....	.....	503.0
Philadelphia {	1884-90	.....	287.06	557.36

Figures for the other four of the chief scourges show a large increase for pneumonia with a small increase for whites, an increase for heart disease among both races and a notable decrease in diarrheal and nervous diseases:

*Twelfth Census, Vol. III, page lxx.

	Year	Aggregate	White	Colored
<i>Pneumonia</i>				
Registration area	1900	192.0	184.8	319.0
	1890	186.9	182.2	279.0
<i>Heart Disease and Dropsy</i>				
Registration area	1900	140.9	137.4	216.6
	1890	132.1	128.4	204.0
<i>Diarrheal Diseases</i>				
Registration area	1900	132.8	129.5	205.8
	1890	123.7	120.1	253.8
<i>Diseases of the Nervous System</i>				
Registration area	1900	217.2	213.7	291.6
	1890	217.4	213.0	332.9

Figures from four cities follow, in which must be noted the severe climate of Boston and the contrast in the social condition of the two races in Washington:

New York—Death rate per 100,000 : 1884-1890

	White	Colored
Diarrheal diseases	318.14	243.72
Consumption	385.05	774.21
Pneumonia	287.25	324.27
Heart disease and dropsy	137.37	188.17
Diseases of nervous system	241.39	210.25

Boston—Death rate per 100,000: 1884-1890

	White	Colored
Diarrheal diseases	214.15	220.80
Consumption	378.90	762.78
Pneumonia	219.06	337.23
Heart disease and dropsy	148.85	224.82
Diseases of nervous system	243.61	218.91

Baltimore—Death rate per 100,000: 1890

	Colored
Diarrheal diseases and cholera infantum	402.70
Consumption	524.55
Diseases of the nervous system	335.83
Heart disease and dropsy	187.23
Pneumonia	350.69

District of Columbia—Death rate per 100,000: 1890

	White	Negro
Diarrheal diseases and cholera infantum		360.65
Diseases of the nervous system		358.01
Heart disease and dropsy		162.49
Pneumonia		352.72
	1895	128.5
	1900	92.6
	1904	106.5
Consumption		501.83
	1895	197.1
	1900	183.3
	1904	164.4

<i>Philadelphia: 1884-90</i>		
Diarrheal diseases.....	155.30	175.40
Consumption.....	287.06	557.36
Pneumonia.....	158.77	293.62
Heart disease and dropsy.....	142.10	246.25
Diseases of the nervous system...	315.86	330.07

The figures for suicide for the last thirty years show an increase:

1880: In every 2,000 colored deaths, one was from suicide.

1890: Death rate for suicide per 100,000 colored persons living..... 4.4

1900: Death rate for suicide per 100,000 colored persons living..... 5.8

1900: Death rate for suicide per 100,000 for years { 15-44..... 8.6

{ 45-64..... 4.1

{ 65 and over..... 5.9

The white rate increases in each of the above age periods from 13 to 26.1 to 30.6; the colored rate indicates the peculiar stress of the young. The rate for all accidents and injuries is:

1890: per 100,000..... 123.3

1900: per 100,000..... 137.4

The deaths from alcoholism are not only less than those for whites, but show a decrease for the last decade:

<i>Total population</i>		
1890: per 100,000, colored...	6.9	8.1
1900: per 100,000 ".....	5.0	7.2

The colored death rate is the smallest of any group except that of children of native American women:

Alcoholism

COLOR AND BIRTHPLACES OF MOTHERS	15 to 44	45 and over
White.....	8.2	15.6
Colored.....	3.7	10.4
Mothers born in United States.....	2.9	4.9
Ireland.....	18.8	27.9
Germany.....	6.2	12.1
England and Wales.....	8.4	14.6
Canada.....	4.4	8.0
Scandinavia.....	6.0	18.1

The greatest single physical fact affecting the death rate is age, as is shown by this table for the registration area:

Death rates at certain ages, per 1,000 of population

1900	Under 1	Under 5	5 to 14	15 to 24	25 to 34	35 to 44	45 to 64	65 and over
White.....	158.0	49.7	4.1	5.9	8.6	11.1	21.5	86.0
Males.....	175.9	54.2	4.2	6.2	9.0	12.0	23.5	90.4
Females.....	139.8	45.2	4.0	5.6	8.1	10.1	19.5	82.1
Colored.....	371.5	118.5	9.8	15.6	16.9	21.0	36.7	108.6
Males.....	403.9	127.2	9.2	17.2	18.2	21.5	38.6	119.8
Females.....	339.7	110.2	10.2	14.4	15.6	20.4	34.6	100.3

The death rate of Negroes is due in no small degree to the neglect and mal-nutrition of children:

NEGRO HEALTH AND PHYSIQUE

79

Deaths under 1 year of age, per 1,000 of population

Registration Record

	Total	Cities	STATES			Cities in other states
			Total	Cities	Rural	
White	158.0	171.1	156.0	180.4	116.0	161.4
Colored	371.5	387.0	343.8	377.2	218.9	383.8

Infant Mortality 1900

<i>Under 1 Year of Age</i>	Colored	Males	Females
Population	21,405	10,545	10,810
Born and died in census year	5,365	2,431	2,434
Born during census year	26,770	13,526	13,244
Deaths	7,951	4,279	3,672
Deaths under 1 per 1,000 births	27.0	316.4	277.3
Death rate per 1,000 of population	371.5	403.9	339.7
<i>Under 5 Years of Age</i>			
Population	102,408	50,418	51,990
Deaths	12,140	6,413	5,727
Death rate per 1,000 of population	118.5	127.2	110.2
Deaths under 5 per 1,000 deaths at all ages	327.9	331.8	323.5

On account of the small number of children, comparison of them with Negroes is not valid, although the Negro city population also to a less degree lacks children. The following rates for cities are nevertheless instructive; they refer to 1890 and previous:

Boston (1884-90)—Death rate per 1,000, including still births

COLOR AND BIRTHPLACES OF MOTHERS	All ages	Under 15 Yrs.	15 years and over
White	23.71	38.71	18.68
Colored	31.92	77.67	20.95
United States (white)	21.30	37.76	14.79
England and Wales	17.75	30.36	13.62
Ireland	27.27	39.03	24.12
Hungary	21.41	42.79	10.42
Bohemia	22.16	45.66	9.49
Italy	20.65	44.53	8.23
Other foreign countries	10.60	33.14	8.76

Philadelphia for the 6 years ending 1884-1890—Death rates per 1,000

COLOR AND BIRTHPLACES OF PERSONS	Philadelphia		
	All ages	Under 15 Yrs.	15 years and over
White	22.69	36.68	17.27
Colored	31.25	66.88	20.94
United States (white)	25.17	38.83	17.57
England and Wales	9.78	3.35	10.65
Ireland	19.10	5.62	19.43

ELEVENTH ATLANTA CONFERENCE

New York and Brooklyn (1884-1890)—Death rates per 1,000, including still births

COLOR AND BIRTHPLACES OF MOTHERS	New York			Brooklyn		
	<i>All ages</i>	<i>Under 15 Yrs</i>	<i>15 years and over</i>	<i>All ages</i>	<i>Under 15 Yrs.</i>	<i>15 years and over</i>
White	29.86	53.28	20.36	25.90	44.71	17.63
Colored	33.27	75.71	23.57	30.54	63.75	20.00
White mothers born in—						
United States	32.43	54.01	15.91	27.49	45.76	13.89
England and Wales	27.67	50.53	20.78	20.51	32.42	16.95
Ireland	32.51	50.87	28.01	27.14	43.84	22.68
Scotland	26.60	43.71	21.91	19.62	29.86	16.41
France	23.28	47.01	17.86	17.22	27.81	14.43
Germany	24.27	46.97	17.04	23.18	44.31	15.46
Russia and Poland	14.85	28.67	6.21	13.93	27.03	5.85
Canada	26.57	52.06	16.71	20.04	33.44	14.33
Scandinavia	23.47	57.33	13.43	19.46	45.50	9.13
Hungary	22.43	47.21	8.45	11.27	21.16	5.20
Bohemia	43.57	82.57	20.31	52.08	90.91	31.75
Italy	35.29	76.41	12.27	24.11	53.62	7.89
Other foreign countries	21.24	40.68	13.00	27.58	56.11	18.96

There has been great improvement in Negro infant mortality during the last decade and possibly during the last two decades; the defective counting of children, however, in 1880 makes these figures for the District of Columbia and Baltimore doubtful:

Infantile Mortality

CHARACTER OF RATES	<i>Color</i>		Baltimore		District of Columbia	
			1890	1880	1890	1880
Number of deaths of children under 1 year of age, per 1,000 of corresponding population	White	Total.	258.60	208.86	207.83	194.75
	Colored	Total.	512.63	440.19	491.80	407.20
Number of deaths during the census year, per 1,000 children born within the year	White	Total.	225.70	177.51	186.44	173.30
	Colored	Total.	400.96	305.79	376.99	321.52
Number of deaths under 1 year of age, per 1,000 deaths at all ages	White	Total.	274.36	251.44	210.58	262.68
	Colored	Total.	338.75	353.85	302.80	349.67

The following comparison for registration states and their cities shows the improvement in infant mortality from 1890 to 1900:

Death rate of children under 1 year of age

COLOR		REGISTRATION RECORD					
		Total	Registration cities	Registration States			Registration cities in other states
				Total	Cities	Rural	
White	{ 1890..	249.38	278.19	241.40	247.22	137.63	260.67
	{ 1900..	158.0	171.1	156.0	180.4	116.0	161.4
Colored	{ 1890..	494.27	525.13	457.83	579.77	204.49	509.61
	{ 1900..	371.5	387.0	343.8	397.2	218.9	383.8

Death rates per 1,000 of population at certain ages, by color and sex: 1890-1900

	Registration States							Cities in Registration States						
	All ages	Under 5 years	5 to 14 years	15 to 44 years	45 to 64 years	65 years and over	Unknown	All ages	Under 5 years	5 to 14 years	15 to 44 years	45 to 64 years	65 years and over	Unknown
White:														
1890	19.3	63.3	5.2	9.3	21.2	76.5	35.0	21.9	78.8	6.1	10.7	26.1	88.4	21.8
1900	17.1	48.9	3.7	7.8	20.1	82.7	25.8	18.4	58.3	4.2	8.6	24.1	90.6	16.5
Colored:														
1890	27.4	118.5	10.2	14.4	28.6	84.9	16.1	31.5	151.4	12.0	16.1	33.5	98.1	6.4
1900	25.3	112.0	8.7	12.7	29.4	93.4	15.5	27.6	131.6	9.9	13.9	32.3	105.4	7.5

How much is the Negro death rate affected by environment? One has only to compare the wretched Negro quarters of Charleston and New Orleans, with a death rate of over 40 per 1,000, with the far better, although not ideal, conditions in Atlanta and Louisville, with a death rate of 20 per 1,000. It is further illustrated in Baltimore and Washington by these tables, giving the death rate for Negroes per 100,000 for six years (1884-90) according to the simple matter of altitude above sea level (still born excluded):

DISTRICTS	Washington		Baltimore	
	Total	Under 5 years	Total	Under 5 years
Under 25 feet above	37.48	167.69	44.65	203.80
25-50	37.06	155.21	36.51	154.03
50-75	31.87	159.57	34.34	155.68
75-100	32.55	157.89	28.03	118.39
100 and over	31.23	136.11	28.21	145.53

When we remember that the highest death rate among occupations is for laborers and servants (20.2 per 1,000), we see here another contributing cause of high Negro mortality. Perhaps the army furnishes the best test of the normal Negro death rate with all disturbing factors eliminated save physical and to some extent social heredity. War and foreign service vitiate comparisons to some extent:

Effect of disease and injury on the army during 1901, as compared with the corresponding data for 1900 and for the decade 1890-1899

	United States Army	
	White	Colored
Mean strength, 1901	85,357	7,134
Per 1,000 for 1900	2,352.60	1,841.67
Per 1,000 decade 1890-1899	1,505.25	1,504.20
Deaths from all causes	1,174	115
Per 1,000 of mean strength	33.75	16.12
Per 1,000 for 1900	22.79	22.21
Per 1,000 for decade 1890-1899	11.89	11.71
Deaths from disease	792	94
Per 1,000 of mean strength	9.28	13.18
Per 1,000 for 1900	15.86	14.57
Per 1,000 for decade 1890-1899	8.54	7.77
Deaths from injury	82	21
Per 1,000 of mean strength	4.48	2.94
Per 1,000 for 1900	6.43	7.24
Per 1,000 for decade 1890-1899	3.35	3.94

1902

	White troops	Colored troops	Filipino troops	U.S. Army decade 1891-1900
Mean strength	71,679	4,273	4,826	10,146
Deaths from all causes	1,032	103	116	5,160
Per 1,000 of mean strength	14.40	24 11	24.04	14.73
Per 1,000 for 1901	13.75	16 12		
Deaths from diseases	836	87	109	4,228
Per 1,000 of mean strength	11.68	20 36	22.59	10.45
Per 1,000 for 1901	9 28	13.18		
Deaths from injury	196	16	7	1,732
Per 1,000 of mean strength	2.74	3.75	1.45	4.28
Per 1,000 for 1901	4.48	2.94		

1903-1904

Proportion per 1,000 of mean strength

ENLISTED MEN		Mean strength	DIED		
			Total	Disease	Injury
White troops.	1904	55,619	6.69	3.72	2.97
	1903	55,518	8.18	6 18	2.30
Colored troops	1904	3,121	7.79	6.54	1.25
	1903	3,183	11 31	9.42	1.89
Porto Rican troops	1904	540	3.70	3.70	
	1903	578			
Filipino troops	1904	4,610	22.34	7.59	14 75
	1903	4,789	21.51	18.17	3.34

Mr. R. R. Wright, A. M., fellow of the University of Pennsylvania, furnishes the following memorandum on the death rates of Negroes in Northern cities:

The Negro population of the North is chiefly an urban population; 70 per cent of the Negroes live in cities, and a large proportion of these in cities of 100,000 and over.

The general opinion is that the death rate of Negroes is higher in the North than in the South. This is untrue. The crude death rates of the Negroes in the Northern cities are lower than those in the Southern cities:

Crude death rates, based on census 1900

NORTHERN CITIES	Death rate per one thousand population		SOUTHERN CITIES	Death rate per one thousand population	
	Colored	Total		Colored	Total
New York ..	21 3	20 6	Washington, D. C.	31 0	22 8
Chicago ..	21 6	16 2	Baltimore, Md.	31 2	21 0
Philadelphia ..	24 3	21 2	New Orleans, La.	42 4	28 9
Boston ..	25 5	20 1	Memphis, Tenn.	28 6	25 1
Indianapolis ..	23 8	16 7	Louisville, Ky.	28 7	20 0
Columbus, O.	21 2	15 8	St. Louis, Mo.	32 2	17 9
Cleveland ..	18 0	17 1	Atlanta, Ga.	31 8	26 6
Cincinnati ..	29 5	18 6	Richmond, Va.	38 1	29 7
Pittsburg ..	25 9	20 0	Nashville Tenn.	32 8	25 3
Newark ..	29 7	19 8	Savannah, Ga.	43 3	34 3
New Haven ..	31 8	17 2	Charleston, S. C.	46 7	37 5
Buffalo ..	25 5	14 8	Norfolk, Va.	33 8	25 2

The foregoing table shows that of the large cities, the eight highest death rates are Southern cities—Charleston, Savannah, New Orleans, Richmond, Norfolk, Va., Nashville, St. Louis and Atlanta. Thirty deaths per 1,000 seems to be the dividing line between the Northern cities and the Southern, most of the Southern cities having a rate above 30, while most of the Northern cities have a rate below 30.

Chicago, with about the same population of Negroes as Charleston and Nashville, has less than one-half as many deaths per 1,000 as the former and two-thirds as the latter. New York, with about the same population as New Orleans, has about two-thirds as many deaths per 1,000; Norfolk has twice the rate of Indianapolis.

An analysis of the Negro population in these cities, however, gives the North a decided advantage, in that the number of children is less in the North than in the South and since the first five years of life have a very high mortality, that section having a smaller proportion of children all other things being equal, ought to show the lowest general crude death rate. The United States census has a way of correcting the returns by a system of weighting which takes into consideration the varying proportions of different ages, and corrects accordingly.

Unfortunately, however, we are unable to secure extensive figures on this subject for Negro deaths but such as we have lead to confirm rather than vitiate the above conclusion that Negro death rates are higher South than North:

	<i>Crude rate</i>	<i>Corrected rate</i>
SOUTH:		
Washington, D. C.	31.0	37.2
New Orleans.....	42.4	46.6
Nashville.....	32.8	38.5
Charleston.....	46.7	54.0
NORTH:		
Boston.....	25.5	30.2
Cincinnati.....	29.5	35.0
Cleveland.....	18.0	24.7
Columbus, O.....	21.2	25.4
Indianapolis.....	23.8	28.3
Newark.....	29.7	36.2
New York.....	29.3	40.0
Pittsburg.....	25.9	31.7

Carrying the argument further, there are two matters of evidence which can not be controverted. (1) In the diseases peculiar to manhood, the North has no advantage but a real disadvantage since a larger proportion of the Negro inhabitants in the Northern cities is between the ages of 15 and 50, than is the case in the Southern cities. (2) Tuberculosis is a disease of adult life, attacking those chiefly past 15 years of age and is most prevalent between 20 and 30.

According to a bulletin published by the Illinois state board of health (The Cause and Prevention of Consumption, 1905), 26.22 per cent of the deaths from all causes for persons between 20 and 50 in 1902-1903, were

from consumption and nine-tenths of the deaths from consumption were of persons between these ages:

*Death rates of Negroes in Northern and Southern cities from consumption:
Census 1900*

	<i>Rate per 100,000</i>		<i>Rate per 100,000</i>
NORTHERN CITIES:		SOUTHERN CITIES:	
New York.....	533.4	Washington.....	513.8
Philadelphia.....	458.4	Baltimore.....	447.7
Chicago.....	537.6	New Orleans.....	623.5
Boston.....	742.4	Memphis.....	378.5
Indianapolis.....	474.5	Louisville, Ky.....	406.2
Cleveland.....	363.2	St. Louis.....	594.1
Cincinnati.....	627.7	Atlanta.....	505.8
Pittsburg.....	383.8	Richmond, Va.....	474.4
Newark.....	416.5	Nashville.....	638.5
New Haven.....	368.0	Savannah.....	529.6
		Norfolk.....	546.6

Here we see that the highest rate, to be sure, is in Boston, one of the most northernly cities, while the second, third and fourth are Southern cities. Of the 24 cities, four in the North: New York, Boston, Chicago and Cincinnati, have a rate above 1,500 per 100,000, while eight of the Southern cities, Washington, New Orleans, St. Louis, Atlanta, Nashville, Savannah, Charleston and Norfolk, Va., have a rate about this number. Only one of the Southern cities falls below the rate of 400 per 100,000, while three of the Northern cities do.

As is true of manhood it is also true of infancy, that the North has no advantage which is purely statistical, i. e. relating to age distribution. Here again the Southern cities are in excess of the Northern cities.

I have shown in the following table not the relative number of infant deaths to the total population; for that would be unfair to the South for the reason above stated—that infants form a greater percentage of the total population; but the relative number of deaths of infants under 1 year of age to the number of births in one year.

The highest mortality is represented by Savannah, Ga., with 409.3 deaths to every 1,000 births—an extreme and alarmingly high figure. The other cities come in the following order after Savannah: Charleston, Newark, N. J., Washington, D. C., Mobile, Richmond, Va., Baltimore, New York, Atlanta, Norfolk, St. Louis, Nashville, New Orleans, Memphis, Louisville, Philadelphia, Pittsburg, Indianapolis, Cincinnati, Chicago, Boston. This list is significant for being led by the South and ended by the Northern cities. Of the highest 10, 8 are Southern cities, of the highest 15, 13 are Southern:

Infantile Mortality

*Death rates of colored and white under 1 year of age, per 1,000 births:
Census 1900*

NORTHERN CITIES	Infantile Mortality		SOUTHERN CITIES	Infantile Mortality	
	White	Colored		White	Colored
Boston	208.3	172.4	Memphis	275.0	162.1
Chicago	211.6	133.0	Louisville	264.9	131.7
Cincinnati	246.5	151.3	New Orleans	298.6	164.4
Indianapolis	251.7	144.3	Nashville	299.1	148.6
Pittsburg	255.1	157.9	St. Louis	316.5	138.7
New York	347.6	167.0	Norfolk	316.9	167.7
Newark	374.3	158.1	Atlanta	323.9	218.3
Philadelphia	169.6		Baltimore	356.4	177.6
			Richmond	360.4	175.3
			Mobile	363.6	183.7
			District of Columbia	366.0	158.8
			Charleston	379.5	220.3
			Savannah	409.3	299.7

All of the foregoing argument shows that death rate in this country does not altogether depend upon climate; that it is a factor which can be easily overcome, and the Negroes of this generation are rapidly overcoming it. That there is something more important than climate may be gained from the observation that almost uniformly the Northern white death rate, like the Northern Negro death rate, is lower than that of the South. Indeed the Negro Northern death rate in many places is lower than that of the whites in many Southern cities. The white death rates of Charleston and Savannah are higher than the Negro rate of Philadelphia, Indianapolis and Chicago. Charleston's white rate is higher than Boston's Negroes. The whites of New Orleans, Richmond, Charleston, Savannah, Atlanta, Mobile and Memphis are all higher than the Negroes of Chicago. And the infantile mortality among the Negroes of Pittsburg, Indianapolis, Cincinnati, Chicago and Boston, is lower than that of Savannah, Ga., among the whites; Boston's Negro mortality is lower than Atlanta's, Charleston's and Savannah's white infant mortality.

Again, we are accustomed to connect with the cold climate deaths from consumption and pneumonia and grippe (bronchitis). We need not lay much stress on consumption as that has already been discussed.

For pneumonia, Baltimore, a Southern city, leads the list, then follow New York, Pittsburg, Memphis, Richmond, Nashville, Philadelphia, New Haven, St. Louis, Savannah, New Orleans, Louisville, Cincinnati, Atlanta, Boston, Chicago, Norfolk, Newark, Washington, Indianapolis, Charleston, Mobile and Cleveland.

A Southern city leads; 3 out of the highest are Southern; 6 out of 10; 9 out of 15; 11 out of 20. Boston is lower than Atlanta or Savannah or New Orleans. The coldest cities—Chicago, Boston and Cleveland—stand 15th, 16th and 22nd in the list.

For influenza, Charleston, the highest Southern city, is three times as high as the highest Northern city. The order is Charleston, Norfolk,

Nashville, Richmond, Atlanta, Washington, Pittsburg, Newark, Indianapolis, New Haven, Boston, Savannah, Baltimore, Louisville, New York. Chicago comes last, except Cleveland and Cincinnati, which do not report any cases at all.

A study of deaths by months in Philadelphia also tends to discredit the theory that Negroes are at a special disadvantage in the cold climate. The highest monthly average of deaths from all causes for five years for Negroes was in April, though January for whites. The second was May for Negroes and March for whites. The third was July for both Negroes and whites. The lowest, September for Negroes and October for whites, while December was next lowest for Negroes.

For the past five years—1901 to 1905, inclusive,—there were 1,589 deaths among Negroes from consumption, an average of 26.5 per month. Strange to say the highest average for any month during these five years was April, the next July and May, and the next October—every one of the winter months was below the average. For the five years the average deaths of consumption among Negroes for the month of October was less than April, December less than June, January less than July, February slightly above August, March below September.

For pneumonia, inflammation of the lungs, we have the opposite: For the years 1901, 1902, 1903 there were 698 deaths of 19.4 per month. Above this average were January, February, the highest point, March, April, November and December, while below it were the summer months, May, June, July, August, September and October.

The point is that the season does not have any very materially different effect upon the Negroes than upon the whites, save that the total death rate from this disease is greater among Negroes all of the year round, but that there is not the greater difference in the winter months which might be expected.

Let us now come to the subject of the Northern Negroes' general physical condition. For this purpose let us take a special city. That city is Philadelphia, and for many reasons. It is the largest, the oldest and most conservative city and is quite representative of the Negroes' progress in the North, but comparisons with other cities will be made as are deemed necessary to the better understanding of the Philadelphia situation.

The first thing which strikes us is the difference between the white and Negro death rates, which are given in the following table:

<i>Year</i>	<i>Total rate</i>	<i>Colored rate</i>
1895.....	20.44	22.3
1896.....	20.17	20.5
1897.....	18.72	21.0
1898.....	19.18	21.4
1899.....	18.75	21.6
1900.....	19.38	26.6
1901.....	18.26	25.2
1902.....	17.67	24.3
1903.....	18.82	19.9
1904.....	16.65	19.7
1905.....	17.51	20.0
Total.....	87.15	22.02
Average.....	18.72	22.02 per 1,000

The average death rate for Philadelphia for ten years from 1896-1905, inclusive, was 18.72 per 1,000, while the average for colored was 22.02 per 1,000—a difference of 3.30 per thousand against the colored persons.

What is shown for Philadelphia here over a course of years also holds good for every Northern city.

The colored population in 1900 comprised 4.9 per cent of the total population of Philadelphia (Negro 4.7).

In 1906, colored population was about 5.6 per cent of the entire population and composed during the entire six years 1900-1905, inclusive, an average of about 5.2 per cent. During these years there were 149,786 deaths, of which 9,514 or 6.3 per cent were of colored persons, 1.1 per cent or 165 more deaths than there normally should have been if the colored persons keep their average. What is true of Philadelphia is true of New York, Boston, Indianapolis, Chicago and all Northern cities.

Examining the table of deaths, we find out of just what diseases Negroes die to a larger extent than they comprise of the total population. This gives some idea of the diseases to which Negroes are especially susceptible:

Table showing number of Negroes dying in Philadelphia from specific causes, the percentage of such deaths to the total number of deaths from each cause, and the percentage of such deaths to the total number of Negro deaths, 1900

DISEASE	Number	Per cent of total deaths from specific causes	Per cent of total Negro deaths
Syphilis.....	8	20.5	5
Marasmus.....	101	11.5	6.1
Whooping cough.....	14	11.2	.8
Consumption.....	287	10.7	17.2
Inanition.....	67	8.9	4.0
Inflammation of lungs.....	250	8.4	15.0
Inflammation of brain.....	51	8.4	3.1
Child birth.....	3	8.1	.2
Typhoid fever.....	35	7.8	2.1
Epilepsy.....	3	7.3	.2
Cholera infantum.....	52	7.1	3.1
Still born.....	87	7.0	5.2
Premature births.....	42	6.8	3.5
Inflammation of kidneys.....	51	6.7	3.1
Dysentery.....	4	6.3	.2
Heart disease.....	96	5.9	6.0
Bright's disease.....	22	5.9	1.3
Anemia Chlorosis.....	3	4.8	.2
Erysipelas.....	4	4.8	.2
Diphtheria.....	36	4.0	2.2
Cancer.....	25	3.3	1.5
Alcoholism.....	3	2.9	.1
Old age.....	19	2.8	1.1
Diabetes.....	3	2.7	.2
Apoplexy.....	22	2.7	1.3
Sunstroke.....	4	2.5	.2
Fatty degeneration of heart.....	3	2.4	.2
Softening of brain.....	4	2.3	.2
Scarlet fever.....	2	1.2	.1
Scrofula.....	0		
Fatty degeneration of liver.....	0		
Other diseases.....	361	4.1	21.7
Total.....	1,665	7.2	100.00

The colored population was in 1900, 4.9 per cent of the Philadelphia population.*

The causes of death of which Negroes form more than their part are in the following order: Syphilis leads with 20.5 per cent of the total deaths; † then come marasmus, whooping cough, consumption, inanition, pneumonia, inflammation of the brain, child birth, typhoid fever, epilepsy, cholera infantum, still births, premature births, inflammation of the kidneys, dysentery, heart disease and Bright's disease.

The diseases below the line, i. e., of which the Negro population die to a less proportion than they form of the entire population are anemia, erysipelas, diphtheria, cancer, alcoholism, old age, diabetes, apoplexy, sunstroke, fatty degeneration of the heart, fatty degeneration of the liver, softening of the brain, scarlet fever, scrofula; that is, in the deaths from 17 out of about 50 diseases the Negroes form more than the percentage they form of the total population. For most of these diseases the same is general in all the Northern cities of which I have information.

But this method of comparison does not give anything as to the prevalence of diseases; therefore, we make another comparison from the point of view of prevalence, and we find that of all the deaths for the period named 17.2 per cent are of consumption, 15 per cent of pneumonia, while marasmus, heart disease, inanition, cholera infantum follow in order.

The diseases of consumption and pneumonia, infantile marasmus, cholera infantum, inanition, heart disease are the diseases which take the Negroes away. From these diseases during the years of 1900, 1901, 1902, 1903, 3,284 persons died, or 51.1 per cent of the total deaths for these four years (6,424). Each year they constituted over half of the deaths.

If deaths from these causes had been at the same rate as the whites, the Negro general death rate would have been much less than the rate for the city.

Consumption is the chief cause of excessive death rate. One out of every six Negro persons who die in Philadelphia, dies of this disease, and probably five out of every seven who die between 18 and 28 die of this disease. It attacks the young men and women just as they are entering a life of economic benefit and takes them away. This disease is probably the greatest drawback to the Negro race in this country.

In 1900 there were 1,467 babies born in Philadelphia and 25 per cent died before they were one year old. Of every five persons who die in a year two are children under five years of age. The diseases of cholera infantum, inanition and marasmus, which are simply the doctor's way of saying lack of nourishment and lack of care, cause many unnecessary deaths of children.

*The 1900 deaths may show a little to the disadvantage of the colored population because of the exceptionally high rate for that year.

†The comparison is not valid here as few physicians of better class patients would report syphilis as a cause of death. Hence the small white rate in part.

Not only is the death rate higher but from all available resources it seems that the sickness rate is higher. In the public hospitals of Philadelphia there are an excess of Negroes to amount to as high as 125 per cent over white. From all available sources at least 20,000 Negroes were sick in the city last year; 5,000 of these in the hospitals of the city, where the average confinement, if the records of the University of Pennsylvania and Douglass hospitals are fair samples, was about three weeks, involving an economic loss of about one-quarter of a million dollars. This sickness is heaviest among the poor and is one of the chief causes and effects of poverty.

Mr. Warner, in his *American Charities*, makes sickness the chief cause of poverty among colored persons in New York, Boston, New Haven and Baltimore. The percentage was twice or more as high as that of Germans, Irish and white Americans. The same is approximately true in Philadelphia.

The undeniable fact is, then, that in certain diseases the Negroes have a much higher rate than the whites, and especially in consumption, pneumonia and infantile diseases.

The question is: Is this racial? Mr. Hoffman would lead us to say yes, and to infer that it means that Negroes are inherently inferior in physique to whites.

But the difference in Philadelphia can be explained on other grounds than upon race. The high death rate of Philadelphia Negroes is yet lower than the whites of Savannah, Charleston, New Orleans and Atlanta.

If the population were divided as to social and economic condition the matter of race would be almost entirely eliminated.* Poverty's death rate in Russia shows a much greater divergence from the rate among the well-to-do than the difference between Negroes and whites of America. In England, according to Mulhall, the poor have a rate twice as high as the rich, and the well-to-do are between the two. The same is true in Sweden, Germany and other countries. In Chicago the death rate among whites of the stock yards district is higher than the Negroes of that city and further away from the death rate of the Hyde Park district of that city than the Negroes are from the whites in Philadelphia.

Even in consumption all the evidence goes to show that it is not a racial disease but a social disease. The rate in certain sections among whites in New York and Chicago is higher than the Negroes of some cities. But as yet no careful study of consumption has been made in order to see whether or not the race factor can be eliminated, and if not, what part it plays.

The high infantile mortality of Philadelphia today is not a Negro affair, but an index of a social condition. Today the white infants furnish two-thirds as many deaths as the Negroes, but as late as twenty

* See paper on "Housing and Sanitation:" Report Hampton Institute Conference, 1906, and So. Workman, September, 1906.

years ago the white rate was constantly higher than the Negro rate of today—and only in the past sixteen years has it been lower than the Negro death rate of today. The matter of sickness is an indication of social and economic position: Professor Du Bois, in his most valuable study of the Philadelphia Negro, gives a number of family budgets. One or the most striking things in these budgets is that the amount paid for sickness is highest among the poorer classes and lowest among the better-to-do. It seems that the sickness bill increases inversely as the wages. Benefit insurance men of Philadelphia assure me also that the time people lose at work is also approximately in inverse ratio to the wages they receive.

We might continue this argument almost indefinitely going to one conclusion, that the Negro death rate and sickness are largely matters of condition and not due to racial traits and tendencies. This condition so far as Philadelphia is concerned is caused by—

1. Lack of proper training.
2. Bad water.
3. Unskilled labor of men, which is hard and long and tends to exposure.
4. Work of women—66 per cent of Philadelphia Negro women work. This means:
 5. Neglect of their children, often to care for others' children.
 6. Unwholesome and improper feeding, which plays an extremely great part.
 7. Ignorance.
 8. Improper education. The children get a great deal of so-called mental and a little moral, and often a smattering of industrial, but the fundamentals of physical education in order to develop the bodies of the children, is criminally neglected at least among Philadelphia's poorest Negroes.

In concluding, the situation is not hopeless, but is on the contrary becoming better in nearly every city in the North. Ten years ago the death rate was twice the birth rate in New York; today they are about the same, with the death rate steadily decreasing and the birth rate increasing. Ten years ago the birth rate of Philadelphia was less than the death rate: today it is six per thousand higher. What Mr. Hoffman wrote of the Northern Negro ten years ago is not true today.

In Philadelphia the Negroes composed 4.5 per cent of the population in 1900; they now compose about 5.5 per cent. For the six years from 1900-1905, inclusive, they probably comprised an average of 5 per cent of the population. During these years there has been a total of 149,786 deaths, of which 9,514 or 6.3 per cent were Negroes. There have been 183,479 births, of which 10,266 were Negroes or 5.6 per cent, and 60,678 marriages, of which 3,708 or 6.1 per cent were Negroes. Thus it is seen that in deaths, marriages and births the Negroes have a little more than their proportion.

With the improved sanitary condition, improved education and better economic opportunities, the mortality of the race may and probably will steadily decrease until it becomes normal.

10. Insurance

We now come to the remedial measures to alleviate the burdens of sickness and death and to reduce the rate. First, there is the distribution of the economic burden by insurance. An attempt has been made to reduce this benefit by discriminating against Negro risks. In 1884 the Massachusetts legislature passed a law prohibiting discrimination by life insurance companies against Negroes. This was followed by similar laws in Connecticut (1887), Ohio (1889), New York (1892), Michigan (1893), New Jersey (1894) and Minnesota (1895). A few other states have laws which courts have evaded or emasculated. The argument against these laws is thus put in the leading insurance journal.* After giving some of the vital statistics for 1900, the article says:

The general conclusions deduced from these two tables would be that the most recent investigation into the subject confirms earlier investigation tending to prove conclusively that the mortality of the Negro race, especially in Northern states and cities, very largely exceeds the mortality of the white race living in the same sections of the country, and that for life insurance purposes it would be a reckless disregard of the policyholders' interest to accept the two races at the same rates of premiums or to solicit on any considerable scale this particular class of business.

It may not be out of place to conclude these brief observations on the Negro as an industrial insurance risk with two extracts from the letter of Dr. Leslie D. Ward, to the editor of *The Indicator*, published under date of September 5, 1894:

But the high mortality amongst colored persons is not the only objectionable feature to the writing of life insurance policies on their lives. We find from our office statistics, that policies on colored lives lapse in far greater ratios than policies on white persons, and that the highest percentage of lapse comes within a very few weeks of the issuance of the policy. In fact, the greater portion of the colored business issued by the Prudential is not continued on the books of the company long enough to recoup the company for the initial expenses of getting the business. In many cases those who continue their policies do not seem to value them or lay much stress upon their possession. Numerous instances are found upon our books where policies on colored people have been lapsed and revised a dozen or more times.

The argument here adduced would be stronger if similar discriminations were proposed in the case of Americans born in Germany or Ireland, or in the case of certain social classes or localities. Indeed carried to its utmost logical conclusion it would contradict the very idea of insurance, viz., the distribution of the economic burden of the unfortunate or old on the shoulders of so many of their luckier fellows that the cost will be negligible. A study of the actual experience of life insurance companies results as follows:

* The Spectator, September 11 and 18, 1902.

ELEVENTH ATLANTA CONFERENCE

*Summation—Actual and expected deaths****Insurance Years 1-30**

AGES AT ENTRY	Americans born in Germany		Americans born in Ireland		Americans born in Sweden or Norway		Negro-Ameri- cans	
	Deaths	Expected	Deaths	Expected	Deaths	Expected	Deaths	Expected
15-24.....	1,418	1,746.6	486	459.4	273	286.2	29	29.2
25-42.....	8,823	8,721.1	2,550	2,435.4	636	655.8	137	120.8
43-56.....	8,776	7,557.7	3,084	2,379.4	237	228.5	70	63.9
57-70.....	1,195	1,288.7	784	580.9	28	27.9	6	9.8
15-70.....	20,512	19,314.1	7,304	5,855.1	1,174	1,238.4	242	223.7

*Summation—Actual and table deaths†***Insurance Years 6-30**

AGES AT ENTRY	AMERICANS BORN IN—							
	Germany		Ireland		Sweden or Nor- way		Negro-Ameri- cans	
	Deaths	Table	Deaths	Table	Deaths	Table	Deaths	Table
15-28.....	783	483.8	245	256.1	103	127.0	8	12.7
29-42.....	5,857	5,716.6	1,868	1,585.8	275	322.4	53	51.6
43-56.....	6,003	5,243.4	1,933	1,571.6	120	122.9	30	31.2
57-70.....	902	790.0	412	341.5	16	15.5	4	4.7
15-70.....	13,515	12,733.8	4,458	3,755.0	514	587.8	95	103.2

The reports of the thirty-four leading companies conclude: "It has been supposed in the past that colored people have less vitality than whites, but the somewhat scanty facts here available do not prove it." In fact the Negro makes a better showing than the Irish, nearly as good as the Germans, and better than the economic class of laborers in general. To be sure these Negroes were carefully selected, but this fact only emphasizes the injustice which would have been done them had they been discriminated against merely on account of color, as the insurance companies so often do.

One result of this discrimination, particularly in industrial insurance, has been the rise of a number of Negro companies which are today doing millions of dollars worth of business among black folk.

One of these insurance societies is so important that a government report was made on it in 1902, which deserves printing in part, as the society has been called "the most remarkable Negro organization in the country."‡

The association was organized in January, 1881, by Rev. William Washington Browne, an ex-slave of Habersham county, Ga., as a fraternal beneficiary institution, composed of male and female members with a capital of \$150. On April 4, 1883, or over two years later, the circuit court of the city of Richmond, Va., granted a regular charter of incorporation as a joint stock company to Browne and his associates under the name of "The Grand Fountain of the

* Experience of thirty-four Life Companies, page 472.

† Experience of thirty-four Life Companies, page 476.

‡ United States Bulletin of Labor, No. 41, pp. 807-14.

United Order of True Reformers." The chief purpose of incorporation was "to provide what is to be known as an endowment or mutual benefit fund;" the capital stock was "to be not less than one hundred dollars nor more than ten thousand dollars, to be divided into shares of the value of five dollars each;" the company was to hold real estate "not to exceed in value the sum of twenty-five thousand dollars;" the principal office was "to be kept in the city of Richmond," and the officers named in the charter for the first year were Rev. William W. Browne, Richmond, Va., grand worthy master; Eliza Allen, Petersburg, Va., grand worthy mistress; R. T. Quarles, Ashland, Va., grand worthy vice-master; S. W. Sutton, Richmond, Va., grand worthy chaplain; Peter H. Woolfolk, Richmond, Va., grand worthy secretary; Robert I. Clarke, Centralia, Va., grand worthy treasurer. These, with six others, composed the board of directors for the first year. Thus the True Reformers started on their way as a full-fledged joint stock corporation whose chief aim was to provide a form of what is known as mutual beneficial insurance for its members. In 1898 the charter was amended so that a part of section 2 should read as follows: "The said corporation shall issue certificates of membership to its members and shall pay death benefits to the heirs, assigns, personal or legal representatives of the deceased members;" and section 4 as follows: "The real estate to be held shall not exceed in value the sum of five hundred thousand (\$500,000) dollars."

Up to December, 1901, the last report of the organization shows that it had paid in death claims \$606,000 and in sick dues \$1,500,000 and that the membership was over 50,000, having increased 18,000 in the preceding year. The increase in twenty years from a membership of 100 and a capital of \$150 to a membership of over 50,000 with payments to members aggregating over \$2,000,000, and with real estate aggregating \$223,500 in value, constitutes an excellent showing.

But it is not the growth nor even the existence of the Grand Fountain of the True Reformers as a mutual insurance association, with its small army of employees, that causes it to be considered here; it is the affiliated by-products, to use an industrial expression, that are of interest and that may prove to be of great economic value to the Negro race.

Among these are a savings bank, a real estate department, a newspaper, old folk's homes, co-operative grocery stores and a hotel.

11. Hospitals

Hospitals and careful nursing are sorely needed by Negroes. As a little North Carolina hospital reports: The hospital there has "had a wonderful effect on the death rate among our people during the last decade. The deaths used to be three to one when compared with the whites, while the colored population was only about one-half as large as the white population. But since we have had the trained nurse, there is a marked change."

In the North, Negroes are admitted to the general hospitals; in the South they have separate wards or distinct institutions; outside the public hospitals which receive colored patients there are the following private hospitals of which this Conference has knowledge:

ALABAMA.—Harris Sanitorium, Mobile; Colored Infirmary, Eufaula; Hospital, Birmingham; Hospital, Tuskegee.

ARKANSAS.—Colored Sanatorium, Little Rock.

DISTRICT OF COLUMBIA.—Freedman's Hospital, Washington.

FLORIDA.—Bruster Hospital, Fxaville.

GEORGIA.—Georgia Infirmary, Savannah; Charity Hospital, Savannah; McVickar, Spelman Seminary, Atlanta; Lamar Hospital, Augusta; Burrus Sanatorium, Augusta.

INDIANA.—Colored Hospital, care of Dr. Dupee, Evansville.

ILLINOIS.—Provident Hospital, Chicago.

KANSAS.—Douglass Hospital, Kansas City; Mitchell Hospital, Leavenworth.

KENTUCKY.—Red Cross Hospital, Covington; Citizens' National Hospital, Louisville; Louisville National Medical College.

MISSOURI.—Provident Hospital, St. Louis.

MARYLAND.—Provident Hospital, Baltimore.

MISSISSIPPI.—Tougaloo University Hospital, Tougaloo.

NORTH CAROLINA.—Pinehurst Infirmary, Pinehurst; Lincoln Hospital, Durham; St. Agnes Hospital, Raleigh; State's Hospital, Winston; Good Samaritan Hospital, Charlotte; Shaw University, Raleigh.

NEW YORK.—Colored Home and Hospital, New York.

OHIO.—Colored Hospital, Cincinnati; Colley's Hospital, Cincinnati.

PENNSYLVANIA.—Douglass Hospital, Philadelphia; Mercy Hospital, Philadelphia.

SOUTH CAROLINA.—Nurse Training School, Charleston.

TENNESSEE.—Hairston Infirmary, Memphis; Mercy Hospital, Nashville; Dr. J. T. Wilson's Infirmary, Nashville; The Clinic, Memphis.

TEXAS.—Colored Hospital, Dallas.

VIRGINIA.—Richmond Hospital, Richmond; Woman's Central League Hospital, Richmond.

NAME	PLACE	Founded	Patients last year	Annual income	Graduates in nurse-training	REMARKS
Lincoln	New York, N. Y.	1839	3,904	\$115,115	47	Old and important charity work.
Freedman's	Washington, D. C.	1862	2,918		144	A great war legacy.
Provident	Chicago, Ill.	1891	1,216	25,234	74	Endowment of \$50,024.51.
St. Agnes	Raleigh, N. C.	1896	137		27	Part of St. Augustine's school.
Douglass	Philadelphia, Pa.	1876	242	12,000	15	
Hospitals, etc.	Charleston, S. C.	1897			18	
Burrus	Augusta, Ga.	1901	232			Private.
Slater	Winston-Salem, N. C.		71			
McVickar	Atlanta, Ga.		328			Part of Spelman Sem.
Louisville	Louisville, Ky.				11	Part of Nat. Med. Col.
Good Samaritan	Charlotte, N. C.	1891	153	2,389		
Provident	St. Louis, Mo.	1875	200	3,083	12	
Dixie	Hampton, Va.	1891	249	11,151	83	Affiliated with the Hampton Inst.

Many of these hospitals have interesting histories: The Colored Hospital and Home of New York was founded by a relative of John Jay and went through the draft riots. The Freedman's Hospital grew out of the war. The Provident Hospital is one of the best organized and most efficient in the country. It has easily solved the color question, admitting both white and colored patients and employing white and colored physicians. Other institutions have been less successful. The Colored Hospital and Home of New York will not allow Negro physicians to practice in it, nor will the McVickar Hospital of Atlanta allow

* Also 4,953 patients treated in dispensary.

them to operate, although it is part of a great missionary school for Negroes.

12. Medical Schools

There are at present five medical schools for the especial training of Negro physicians: In order of size and importance these institutions are:

WALDEN UNIVERSITY.—*Meharry Medical College.* Founded 1876 at Nashville, Tenn. Endowed, and under care of the Methodist Episcopal Church.

Four buildings: The main building is constructed of brick, is 40 feet wide and 60 feet in length and four stories in height including the basement. The ground floor is used as laboratories for practical work in chemistry; the second floor for office, museum and dwelling apartments; the third floor contains a lecture room of sufficient size to accommodate 100 students, recitation room and cabinet of materia medica; the fourth story is fitted for lecture room.

The Dental and Pharmaceutical Hall, with new laboratory annex, contains a dental operatory, two dental laboratories and a reading room; three rooms for pharmaceutical work, laboratory for analytical chemistry; historical and pathological laboratory; clinical amphitheatre, with waiting rooms for patients; recitation room and museum.

The new Meharry Auditorium is located on a lot north of Meharry College and fronting on Maple street. It has an extreme width of 62 feet, with a length of 91 feet. The foundation rests on solid rock. The walls of the basement are built of stone and are 10 feet in height.

Mercy Hospital, which is located at 811 South Cherry street, is a two-story structure of 12 rooms and contains 23 beds, most of which are of the latest hospital pattern.

<i>Courses of study:</i>	<i>Kinds</i>	<i>Months per year</i>	<i>Years</i>
	Medical	7	4
	Dental	6	4
	Pharmaceutical.	6	3
	Nurse training..	9	2

Number of teachers, 1905-1906, 34.

	<i>Medical</i>	<i>Dental</i>	<i>Pharmaceutical</i>	<i>Nurse training</i>
Number of students, 1905-1906	320	88	35	6
Number graduates..	723	74	85	15

HOWARD UNIVERSITY.—*Howard University Medical Department.* Founded 1867 at Washington, D. C. Supported by the United States government.

Buildings: The Medical College and Freedman's Hospital.

<i>Courses of study:</i>	<i>Kinds</i>	<i>Months per year</i>	<i>Years</i>
	Medical	8	4
	Dental	8	3
	Pharmaceutical.	8	3
	Nurse training..	9	2

Number of teachers, 44.

	<i>Medical</i>	<i>Dental</i>	<i>Pharmaceutical</i>	<i>Nurse training</i>
Number of students, 1905-1906	137	31	26	..
Graduates, 1900	542	67	108	..

SHAW UNIVERSITY.—*Leonard Medical School.* Founded 1882 at Raleigh, N. C. Supported by the Northern Baptists.

Buildings: The Leonard Medical building is on the site donated by the North Carolina legislature. This building contains the lecture rooms, amphitheatre, laboratory, dissecting rooms, etc., and has been fitted up at some expense.

The Medical Dormitory contains rooms to accommodate 60 students.

A hospital building containing three wards affords the students clinical instruction.

A dispensary has been completed and is in operation. It has two rooms, one in which to receive students, the other in which to make necessary examinations.

ELEVENTH ATLANTA CONFERENCE

<i>Courses of study:</i>	<i>Kinds</i>	<i>Months per year</i>	<i>Years</i>
	Medical	7	4
	Pharmaceutical.	7	3

Number of teachers, 1905-1906, 12.

	<i>Medical</i>	<i>Pharmaceutical</i>
Number of students, 1905-1906	147	31
Number of graduates	236	64

NEW ORLEANS UNIVERSITY, *Flint Medical College*. Founded 1889 at New Orleans, La. Supported by Methodist Episcopal Church.

Buildings: The building has a front of 22 feet and a depth of 114 feet; it is a large three story brick structure. The lot on which the building stands, 114x64 feet, affording room for an addition to the building. The value of the entire property is \$110,000.

<i>Courses of study:</i>	<i>Kinds</i>	<i>Months per year</i>	<i>Years</i>
	Medical	7	4
	Pharmaceutical.	7	3
	Nurse training ..	12	2

Number teachers, 11.

	<i>Medical</i>	<i>Pharmaceutical</i>	<i>Nurse training</i>
Number students ...	55	13	23
Number graduates..	73	8	26

LOUISVILLE NATIONAL MEDICAL COLLEGE.—Founded 1887 at Louisville, Ky. Buildings: The college building is equipped with laboratories and modern appliances.

Alumni Hall is a two story brick building in the rear of the college, which will be devoted to laboratory work in bacteriology, histology and pathology. The first floor will be devoted to chemistry and pharmacy.

The hospital is well equipped.

<i>Courses of study:</i>	<i>Kinds</i>	<i>Months per year</i>	<i>Years</i>
	Medical	7	4
	Pharmaceutical.	7	3
	Nurse training..		3

Number teachers, 1905-1906, 23.

	<i>Medical</i>	<i>Pharmaceutical</i>	<i>Nurse training</i>
Number of students, 1905-1906	47		3
Number graduates..	83	1	11

There was a medical department at Knoxville College, Tennessee, opened in 1895, but it was soon discontinued. It had two graduates.

13. Physicians

The census reports the following Negro physicians:

1890—909; male 794, female 115.
1900—1,734; male 1,574, female 160.
Increase per cent—90.7 per cent.

Their ages were:

	<i>1890</i>	<i>1900</i>
16-24 years.	96	95
25-34 "	264	607
35-44 "	187	532
45-54 "	135	257
55-64 "	111	122
65 and over	104	105
Unknown	12	16
Total	909	1,734

From the Negro medical schools there were the following living graduates at two periods, 1895 and 1905:

Negro Physicians, 1895

	Alabama	Arkansas	Florida	Georgia	Kentucky	Louisiana	Mississippi	Missouri	North Carolina	South Carolina	Tennessee	Texas	Virginia	West Virginia	Total
Meharry Medical College	5	17	7	19	16	8	8	17	2	5	51	55	12	2	210
Howard University	3	1	1	9	9	2	...	2	2	11	1	2	12	...	54
Leonard Medical School	1	2	2	7	...	...	...	...	19	9	...	...	9	2	51
New Orleans University	...	...	...	...	20	13	...	...	...	...	6	...	...	...	19
Louisville National	...	...	...	...	8	2	1	...	...	1	1	1	2	...	24
Other Colleges*	4	3	1	4	8	2	...	...	...	1	1	1	2	...	27
Total	13	22	11	39	53	25	9	19	23	26	55	65	23	2	385

Negro Physicians, 1905

STATES	Howard	Meharry	Leonard	Louisville	Flint	Total
Alabama	5	37	10	...	...	52
Arizona	...	...	...	1	...	1
Arkansas	2	51	4	1	4	62
California	2	2	1	...	1	6
Colorado	1	5	1	1	...	8
Dakota	...	...	...	...	1	1
Delaware	3	...	...	...	...	3
District of Columbia	116	4	2	...	...	122
Florida	5	33	2	...	...	40
Georgia	18	48	16	...	1	83
Illinois	5	18	...	2	...	25
Indian Territory	1	16	1	...	...	18
Indiana	6	3	...	13	1	23
Iowa	1	2	...	...	...	3
Kansas	5	13	...	1	...	19
Kentucky	10	52	...	51	...	113
Louisiana	...	16	...	...	34	50
Maine	2	...	...	...	...	2
Maryland	10	...	3	...	...	13
Massachusetts	3	...	5	...	...	8
Michigan	3	1	...	...	...	4
Minnesota	1	2	...	...	...	3
Mississippi	2	23	1	...	8	34
Missouri	13	35	...	2	...	50
Nebraska	1	1	...	...	...	2
New Jersey	9	...	5	...	...	14
New Mexico	...	...	1	...	...	1
New York	15	2	2	...	...	19
North Carolina	4	3	45	1	...	53
Ohio	17	3	1	3	...	24
Oklahoma	2	5	...	1	...	8
Pennsylvania	16	2	6	...	...	24
Rhode Island	3	...	1	...	...	4
South Carolina	12	11	17	1	...	41
Tennessee	1	111	1	3	...	116
Texas	6	71	...	...	9	86
Vermont	1	...	...	...	...	1
Virginia	17	2	48	1	...	68
Washington	2	...	...	...	...	2
West Virginia	13	1	8	...	...	23
South America	2	...	...	...	...	2
Central America	3	...	...	...	...	3
British West India Islands	6	2	2	1	...	11
South Africa	...	1	1	...	...	2
West Africa	...	2	...	...	...	2
Nova Scotia	...	1	...	...	...	1
Spanish Honduras	...	...	...	...	1	1
Unknown	...	...	...	...	2	...
Known to be dead	344	579	184	83	62	1252
	?	72	15	?	4	...

* Northern schools.

In addition to these there are, 1906, at least 213 Negro graduates of the Northern medical schools of the country.

A circular was sent to all the medical schools in the country, asking if they had Negro students or graduates and their character, etc. The Southern schools, except those for Negroes, do not receive colored students, and most of them simply stated this fact. Others replied as follows:

We have never had a Negro pupil in the Baltimore Medical College. One such pupil would, I am sure, be a great injury to our class on entering.

Baltimore, Md.

BALTIMORE MEDICAL COLLEGE.

If you are looking for "niggers" go to Boston or other "nigger" loving communities.

None, thank God!!

None, by God, sir! And what's more, there never will be any *here*.

St. Louis, Mo.

(L. C. M. McELWEE, Dean.)

The College of Physicians and Surgeons of Baltimore does not, never has, and never will admit Negroes to its lecture halls and work.

COLLEGE OF PHYSICIANS AND SURGEONS.

There are no niggers in this school and there never have been and there never will be as long as one stone of its building remains upon another.

MEDICAL DEPARTMENT UNIVERSITY OF GEORGIA.

The Hospital College of Medicine never matriculated a "coon" in all its history and never will so long as I am Dean.

HOSPITAL COLLEGE OF MEDICINE, MEDICAL DEPARTMENT OF CENTRAL UNIVERSITY.

Louisville, Ky.

The practice of some of the border states varies. The following do not receive Negroes:

University of Louisville, Louisville, Ky.

Southwestern Homeopathic Medical College, Louisville, Ky.

Baltimore University School of Medicine, Baltimore, Md.

University of Nashville, Nashville, Tenn.

Barnes Medical College, St. Louis, Mo.

Woman's Medical College, Baltimore, Md.

University Medical College, Columbia, Mo.

Hospital Medical College, Memphis, Tenn.

A. M. Medical College, St. Louis, Mo.

St. Louis University, Medical Department, St. Louis, Mo.

St. Louis College of Physicians and Surgeons, St. Louis, Mo.

University of Tennessee, Department of Medicine, Nashville, Tenn.

University of Iowa, Department of Medicine, Keokuk, Ia.

Medical College of Virginia, Richmond, Va.

Louisville Medical College, Louisville, Ky.

The following schools have never had Negro students; although some would admit them if they applied, others would not:

Johns Hopkins University, Baltimore, Md.

Medical Department, Willamette University, Ore.

The Detroit Homeopathic College, Detroit, Mich.

Saginaw Valley Medical College, Saginaw, Mich.

Medical College, Cincinnati, O.

Miami Medical College, Cincinnati, O.

The Medical Chirurgical College, Kansas City, Kans.

College of Homeopathic Medicine and Surgery, University of Minnesota, St. Paul, Minn.

Sioux City College of Medicine, Sioux City, Ia.

Wisconsin College of Physicians and Surgeons, Milwaukee, Wis.

The George Washington University, Washington, D. C.

Medical Department Washington University, St. Louis, Mo.

Medical Department of Oregon, Portland, Ore.

Georgetown University, Washington, D. C.

The American College of Medicine and Surgery, Chicago, Ill.

Hahnemann Medical College, Kansas City, Mo.

Milwaukee Medical College, Milwaukee, Wis.

Maryland Medical College, Baltimore, Md.

Army Medical School, Washington, D. C.

Eclectic Medical University, Kansas City, Mo.

Homeopathic Medical College, Baltimore, Md.

These schools have had Negro students, but no graduates:

Starling Medical College, Columbus, Ohio.

University of Kansas, Kansas City, Kans.

Medical College, Los Angeles, Cal.

Colorado School of Medicine, Boulder, Colo.

The following schools reported students and graduates as follows:

NAME OF SCHOOL	NEGRO			RANK OF SUCH STUDENTS	
	Students		Graduates	In Character	In Ability
	<i>In past</i>	<i>At present</i>			
Dartmouth Medical School	1	0	5	Well	Fair
Colorado School of Medicine	5 or 6	0	0		Not so well
Medical College, Los Angeles	Several	0	0		
Cleveland Homeop. Med. Col.	1	12	26 since 1882	Well	Well
Medical Dep. of Univ. of Pa.	4	0			Variable
University of Kansas	Several	3			Variable
Starling Med. Col., Columbus, O.	2 or 3	0	0	Well	Fair
Harvard Univ. Medical School	4	6	6		Well
Woman's Medical Col. of Pa.	4	12	(?)		Variable
University of Michigan	2	2	8	Well	Well
Eclectic Med. Inst., Cincinnati	20	0	4		Well
Eclectic Med. Col., N. Y. City	2	1			
Denver Gross Medical College	2	5		High	Below average
Medico-Chirurgical College, Philadelphia, Pa.	2	4 or more			Considerable
Hahneman Medical College, Philadelphia, Pa.	2	1			Well
Drake University College of Medicine, Des Moines, Ia.	1	0	1	Good	Moderate
Cooper Med. Col., San Francisco	1	0	1		Variable
Medical Department of Columbia University, New York	0	1	1		Variable
College of Medicine and Surgery, University of Minnesota	6	0	1	Excellent	Variable
Hahnemann Med. Col., Chicago	2	0	0		Well
College of Physicians and Surgeons, San Francisco	1	0	0		Average
Physio-Medical College of Indiana	3	0	2	Honorable	Average
Hering College, Chicago	1	0	2		A good average
Cornell Univ. Med. Col., N. Y.	1	0	0		Excellent
Col. of Physicians and Surgeons of Hamlin Univ., Minneapolis	?	0	(?)	Fairly	Fair
Western Reserve University, Cleveland, O.	0	0	10		Well
Toledo Med. Col., Toledo, O.	2	0	1		
College of Medicine, Syracuse University, New York	1	2		High	Variable
Denver Homeopathic College	0	1			Excellent
Long Island College Hospital Medical Department, University of Buffalo, New York	2	12 (?)			Very well
Ohio Med. Univ., Columbus, O.	0	3		Average	Average
Rush Medical College, University of Chicago	8	12			Average
Medical Department, Western Reserve University	1	5			Very well
Kansas Medical College, Topeka	0	8 (?)		Average	Fairly well
Boston University School of Medicine	1				Well
Ft. Wayne College of Medicine, Ft. Wayne, Ind.	4	7			Fair
Detroit College of Medicine	0	1		Good	Equal footing
Homeopathic Med. Col., N. Y.	3	30			Fair
Medical Department of Yale University, New Haven, Ct.	2	6			Well
Creighton Medical College, Omaha, Neb.	0	9		Well	Well
Northwestern University Medical School, Chicago	Several	0	1		Below average
Homeopathic Department University, Michigan	11	10			Fair average
Albany Medical College, N. Y.	1	1		Fair	Fair
Bennett Col. of Eclectic Medicine and Surgery, Chicago	0	2 or 3			
	4	?			Average
Known to be dead	66	213 ?			

A few extracts from letters received from the college officials follow :

UNIVERSITY OF PENNSYLVANIA :

The ability of these [26] graduates has been quite variable.

HARVARD :

I am unable to state how they rank in character, but in ability, I should say fair.

YALE :

One of these eight graduates I should rank as being exceptionally good, and the others as about the average of our pass men.

If the colored men had sufficient means to pay their way without being obliged to do work and drudgery for a living through college, their chances would be much better.

CORNELL :

Since the opening of the college in 1898 we have had one Negro student, who came from the West Indies. He was an excellent student but after completing three years died of tuberculosis.

LONG ISLAND COLLEGE HOSPITAL :

These students (probably a dozen) have ranked very well in character and ability ; occasionally on the honor rolls.

OHIO MEDICAL UNIVERSITY :

During the past thirteen years we have graduated on an average of one or two each year. I can freely say that these young men have shown themselves to be average students in both character and ability, and we have had some exceptions in both directions.

I personally recall two men as exceptionally good students and their work in the general field since graduating has been satisfactory evidence of excellence as men and representatives of their profession.

COLLEGE OF PHYSICIANS AND SURGEONS (*Medical Department of Columbia University*) :

The student who is at present in the college has a very good record, but the [one] graduate turned out very badly after leaving the college and was for a time confined in prison.

NORTHWESTERN UNIVERSITY :

The two who will graduate next June, the only colored men in the senior class, are above the average of the class : in fact, Mr. ——— ranks about fourth in the class.

THE UNIVERSITY OF MINNESOTA :

I believe there is but one colored graduate of this medical school and he was one of the best.

Perhaps, half dozen more have made the attempt and all have failed, being mediocre or worse. This is not of record, but my recollection.

WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA :

The number [12] is so small compared with the total number of alumnae that it is not possible to make intelligent comparisons.

UNIVERSITY OF MICHIGAN (*Homeopathic Department*) :

The only colored graduate in the last ten years was of the pure-looking African type ; was in his classes one of the best students we have ever had. Never got a condition, always had his lessons and seemed to have ample scientific grasp.

KANSAS MEDICAL COLLEGE:

The answers to your questions regarding Negro graduates may be summed in the description of one student who is now in our graduating class. This student ranks well in his classes and in character. He has been one of our best football players, and is generally liked in school.

RUSH MEDICAL COLLEGE (*University of Chicago*):

During my connection with the college, seventeen years, the colored students that we had have ranked very well in character and ability. I am bound to say, however, that I think, as a rule, that those persons in which there is a mixture of the Caucasian blood have ranked higher than those of purely Negro descent, in that they have had better opportunities for preparation. Even in the last two or three years some of our colored students have been obliged to drop out because they felt themselves unable to keep up with the classes. This has been due, in part, to the fact that they were handicapped in being obliged to do a great deal of outside work to earn a living, and not because they were not as capable.

JEFFERSON MEDICAL COLLEGE (*Philadelphia, Pa.*):

We have five students at present of Negro descent.

The character and ability of these students has been good.

As the color is not mentioned in our alumni list, I have no means of identifying them.

WESTERN PENNSYLVANIA MEDICAL COLLEGE:

We have two students and four graduates. They have ranked very good in character and ability.

BOWDOIN COLLEGE (*Maine*):

Have only two graduates. Fairly good in ability and of good character.

In the replies from three schools the name of the school was not given:

A New York city medical school has a graduate who ranked "equal" to his fellows.

A Chicago school has eight students and six graduates. They show fair ability.

Another Chicago school has one student, and he is "first-class."

We have, therefore, by this compilation 1,252 living physicians from Negro schools and 213 from white schools, or 1,465 in all. The census figures recorded 1,734 colored physicians in 1900.

There is not space in a report like this to say much of the success of colored physicians; a few specimen cases from letters of college officials and others are added:

Dr. —, of Newport, R. I., is the leading X-ray specialist of New England, and has been called in consultation by the best practitioners.

It may interest you to know that Dr. —, who entered Rush as a graduate from the University of Wisconsin, and who is now practicing in Maryland, stood at the head of the list when he took the examination for licensure before the Maryland State Board of Medical Examiners. He was in competition with a number of graduates from the Johns Hopkins University Medical School.

Dr. ——— received letter from examiner in surgery (State Board of Pennsylvania), complimenting him on that branch as being the best examination passed before the board in surgery and anatomy up to that time; practiced in Philadelphia for three years; then entered University of Bishop's College (McGill) Montreal, Canada; graduated spring, 1901.

Went to University of London, England, and was attached to London Hospital for two years; passed the examination of the Royal College of Surgery of London and is now a M. R. C. S. (of England) and L. R. C. P. (of London). To the best of my knowledge it's the only instance of these degrees held by a Negro in this country, and I don't suppose more than a dozen whites. Was assistant at the Royal South London Ophthalmic Hospital (London, England,) and also a registered qualified druggist (Ph. G.) in Jamaica; now practicing in Philadelphia.

Drs. ——— and ———, of Barbados, are practicing there and are the leading homeopathic physicians there.

Dr. ——— had a long and honorable career. He was the first to reach the prostrate form of President Garfield and alleviated his suffering when the president was shot in the depot at Washington. He is given due credit by the biographers, but not as a Negro.

The first colored graduate of the Eclectic Medical Institute (Cincinnati) was a man named Tate. He graduated in 1880 or 1881 and went to Memphis, Tenn., where he volunteered during the yellow fever epidemic. Made a record for himself such as to receive a medal from the city government and a handsome purse, but succumbed to the disease and died.

One of the most prominent surgeons of the West is a Chicago Negro. He was—

Born in Pennsylvania in 1858, is attending surgeon to the Cook County and Provident hospitals in Chicago, and was formerly at the head of the Freedman's Hospital in Washington. In 1893 Dr. ——— operated upon a stab wound of the heart which had pierced the pericardium; the operation was successful, and the patient was known to be alive three years afterward. "Official records do not give a single title descriptive of suture of the pericardium or heart in the human subject. This being the fact, this case is the first successful or unsuccessful case of suture ever recorded." So said the *Medical Record*, of March 27, 1897. The case attracted the attention of the medical world, as have several other cases of Dr. ———. It was only last summer that the Charlotte *Medical Journal*, of North Carolina, published a violent article against Negro physicians, stating that the formation of the Negro head was such that they could never hope to gain efficiency in such a profession. About the same time the editors, *Doctors Register* and *Montgomery*, were writing the following letter to Dr. ——— in blissful ignorance of his race:

"We have just read a paper of yours entitled 'A Report of Two Cases of Cesarean section under Positive Indications with Termination in Recovery' that was recently published in *Obstetrics*. You are an attractive writer. Is it possible for us to get you to do a little editorial writing for us?"*

Dr. ——— was four years chief medical inspector in the Health Department of the city of Denver, and was special state inspector in contagious diseases 1899.

* *Booklover's Magazine*, July, 1903.

Dr. ——— is pathologist at Wesboro Insane Hospital, and one of the best men in his line of work in the state of Massachusetts.

Curiously enough the first women physicians in the South were colored. Some examples follow:

The press in general spoke highly of the brilliant state examination which ——— passed and the fact that she was the first woman to practice in Alabama: later the local press commented favorably on her ability as a physician.

I am informed by the legal authorities that I was the first and at present the only woman physician practicing in Savannah.

She graduated at the Woman's College of Philadelphia and established herself at Columbia, S. C., and was the first woman physician in the state.

When she first settled in Columbia there was no hospital there. Seeing dire need of one she opened her own house as one for a time—then she rented a building where she now accommodates thirty patients (but that is crowded). This was the only emergency hospital in Columbia. The four railroads have contracts with the hospital to care for their employees when injured. She had 500 surgical operations there in two years. All of the city physicians—white—affiliate with the management and place their patients there, and hold every important consultation with her.

Some persons object to being classed as "Negroes" simply because they are of Negro descent:

——— was a colored physician, who recently died at ———. He married a white lady: two children survive. He passed as for white; went into white society, was an eminent practitioner and on visiting staff at ——— Hospital, and did not associate with colored people.

If you wish to give correct statistics on the subject you can not include the name of one who by 93 percent belongs to another race.

The path of the Negro physician is not, however, always smooth. As a student he may be rebuffed even at the larger colleges as this letter illustrates. It was in answer to a simple inquiry as to terms of admission from a colored boy:

UNIVERSITY OF PENNSYLVANIA,
Department of Medicine.

Office of the Dean,

Charles H. Frazier, M. D.

Philadelphia, February 10, 1906.

Mr. William J. Harvey, Jr.,
Atlanta Baptist College.

Dear Sir:

Replying to your letter of the 5th instant, I am afraid that your being colored would handicap you very seriously in this institution, inasmuch as in all our clinical work the students are brought in close contact with the patients, and very many patients object to being examined by, or being exhibited before colored students.

Yours very truly,

CHARLES H. FRAZIER, Dean.

The colored physician, if successful, is in danger of the mob in certain sections, as this communication, dated December 1, 1906, shows:

We were out that evening at a tent show. The city marshal, who has known me from babyhood, appointed me deputy marshal for the night. The big show had finished when I walked up the aisle separating the two races and asked a young lady whom I accompanied there if she desired to remain to concert. She decided to remain. I turned to pass out, when a white man, who carries the reputation of being mean to Negroes, ordered me to sit down. I told him that I was not ready to be seated. He then drew back his stick and struck me. I had a stick and went for him with that. At my getting the best with stick, he drew his revolver and fired at me, the ball taking effect in the muscular part of right arm. I attacked this white man and when I jumped upon him about forty other whites pounced upon me with guns, knives and clubs. Through the aid of some of the whites, I was freed from the howling mob and rushed to the jail. I received some ugly bruises about the face and head. I asked a doctor whom I knew to come up and look after me. He came and before he could dress even one wound the sheriff was notified of a raging mob of lawless white citizens. I asked the sheriff to let me out of jail that I might have an opportunity to shun the mob since I felt sure he could not protect me. He granted my request and guarded me to a dark street. I had committed no offense, neither had I violated any law. It was a matter of prejudice on the part of inefficient doctors and poor worthless whites. When I got out of the jail I decided once to go to my home and get \$500.00 that I placed under my safe in my office that afternoon, but hearing the mob whoop down about there I continued out of the city. I am told that the poor scoundrels broke into my house and office and robbed them of their valuables, then went into the parlor and made up fire and completely destroyed my household affairs, office and office fixtures, including cabinet with instruments worth at least \$1,000.00 and library of books worth about \$1,200.00.

My house was worth about	\$ 1,200.00
Household effects	1,100.00
Office library and fixtures	1,300.00
Instruments and cabinet	1,000.00
Cash and valuables destroyed	1,500.00
Total amount	\$6,100.00
Amount of insurance	1,500.00
Total loss	\$4,600.00

My realty and personal property I shall have to sell at a great sacrifice. What troubles me most of all is that there is no remedy for such troubles to Negroes in this section of the country. Other Negroes here are even afraid to express themselves. If they express themselves as being against such, they endanger their lives.

I must say just here, if you see any part of this letter you would like to publish, do not furnish it as coming directly from me, because it might give me more trouble.

• 14. Dentists and Pharmacists

The census gives the following details as to dentists:

1890.....	120
1900.....	212
Increase	76.5 per cent.

<i>Age: Years</i>	<i>1890</i>	<i>1900</i>
15-24.....	32	45
25-34.....	36	93
35-44.....	25	43
45-54.....	13	17
55-64.....	10	10
65 and over.....	1	4
Under	3	0
	<hr/> 120	<hr/> 212

There are no separate figures as to pharmacists in 1900. In 1890 there were 139 retail "dealers in drugs and medicines" recorded. This number was probably near 300 in 1900. From the colored medical schools mentioned above dentists and pharmacists have been graduated and are located as follows:

Colored Graduates in Dentistry

NAME OF STATE	Number of Graduates		Total
	<i>Howard</i>	<i>Meharry</i>	
Alabama.....	2	5	7
Arkansas.....	0	2	2
District of Columbia.....	19	0	19
Florida.....	0	1	1
Georgia.....	2	13	15
Illinois.....	1	3	4
Indian Territory.....	0	1	1
Kansas.....	0	1	1
Kentucky.....	0	5	5
Louisiana.....	0	3	3
Maryland.....	1	0	1
Massachusetts.....	2	0	2
Mississippi.....	1	0	1
Missouri.....	0	4	4
New Jersey.....	4	0	4
New York.....	1	1	2
North Carolina.....	3	0	3
Ohio.....	1	0	1
Pennsylvania.....	1	0	1
Rhode Island.....	1	0	1
South Carolina.....	1	1	2
Tennessee.....	0	20	20
Texas.....	0	8	8
Virginia.....	1	0	1
Wisconsin.....	1	0	1
South America.....	1	0	1
West Indies.....	5	0	5
Total.....	48	68	116

Colored Graduates in Pharmacy.

NAME OF STATE	NUMBER OF GRADUATES					
	Howard	Mcharry	Flint	Leonard	Louisville	Total
Alabama	1	12		3		16
Arkansas	1	3	1			5
California	2					2
Colorado	1	3				4
District of Columbia	50					50
Florida	2	7				9
Georgia	7	6		3		16
Idaho	1					1
Illinois	1	6		2		9
Indiana	1					1
Kansas		1				1
Kentucky	1			1	1	10
Louisiana		3	2			5
Maryland	2					2
Michigan	1					1
Mississippi	2	4	2			8
Missouri	2	3				5
New Jersey	1					1
New York	2					2
North Carolina	1			23		24
Oklahoma	1					1
Pennsylvania	3					3
Rhode Island	1					1
South Carolina	2					8
Texas	2	2				11
Tennessee	2	16	1	2		20
Virginia	5	2		7		14
Washington	1					1
West Virginia	3			2		5
South America	2					2
West Indies	3					3
Unknown	2					2
Total	105	82	6	49	1	243

A colored dentist has been prominent in the National Dental Association and was appointed at the head of the international dental clinics at the St. Louis fair. Southern men, however, learned that he was colored and made it so unpleasant that he resigned. The incident eventually led to the formation of a Southern Dental Association.

The pharmacists go mostly into colored drug stores, of which there are some 200. We have record of the following by states:

DRUG STORES

Alabama	10	Kansas	5	Pennsylvania	2
Arkansas	8	Kentucky	7	Rhode Island	1
Colorado	4	Louisiana	1	South Carolina	4
District of Columbia	14	Mississippi	2	Tennessee	8
Florida	16	Missouri	8	Texas	2
Georgia	21	Maryland	2	Virginia	11
Illinois	5	Massachusetts	4		
Indiana	1	North Carolina	10	Total	100
Iowa	2	New York	5		
Indian Territory	4	Ohio	3		

Statistics of forty-three of these stores follow:

PLACE	Year es- tablished	Capital	Persons Devoting—	
			<i>All time</i>	<i>Part time</i>
Little Rock, Ark.....	1893	\$ 3,600	3	5
Newport, Ark.....	1906	1,843	4	2
Portsmouth, Va.....	1896	5,000	3	1
Pine Bluff, Ark.....	1904	5,000	4	..
Helena, Ark.....	1904	2,500	2	5
Anniston, Ala.....	1892	10,000	4	2
Key West, Fla.....	1904	6,000	5	6
Augusta, Ga.....	1892	2,000	2	6
Atlanta, Ga.....	1904	700	3	..
Sparta, Ga.....	1905	2,500	2	1
Albany, Ga.....	1902	1,360	7	4
Columbus, Ga.....	1894	3,000	2	3
Washington, D. C.....	1903	1,300	1	1
Washington, D. C.....	1894	5,000	2	2
Washington, D. C.....	1905	3,000	2	5
Washington, D. C.....	1894	3,000	1	3
Washington, D. C.....	1905	3,000	2	3
Washington, D. C.....	1902	3,000	2	4
Norfolk, Va.....	1905	1,500	2	3
Richmond, Va.....	1886	4,200	3	4
Staunton, Va.....	1902	8,000	3	2
Roanoke, Va.....	1894	3,000	3	1
Charleston, S. C.....	1899	2,000	2	..
Henderson, N. O.....	1906	1,000	3	2
Raleigh, N. C.....	1904	5,000	4	3
Jacksonville, Fla.....	1902	3,000	3	1
Pensacola, Fla.....	1886	800	3	2
Mobile, Ala.....	1902	1,650	2	..
Mobile, Ala.....	1905	850	1	1
Charleston, S. C.....	1893	2,000	2	..
Charleston, S. C.....	1905	5,000	1	3
Brunswick, Ga.....	1903	5,000	3	4
Savannah, Ga.....	1905	1,000	2	5
Boley, Indian Territory.....	1904	2,500	2	1
Muskogee, Indian Territory.....	1905	2,500	3	1
Topeka, Kans.....	1898	2,500	3	..
Chicago, Ill.....	1905	4,000	4	2
New Bedford, Mass.....	1887	3,500	2	3
Baltimore, Md.....	1902	1,800	3	3
Cincinnati, Ohio.....	1904	3,000	3	1
St. Louis, Mo.....	1904	3,500	2	1
Opelika, Ala.....	1902	4,500	2	3
Mobile, Ala.....	1902	6,280	3	2
Total.....		\$139,883	115	401

The Negro drug stores of the land represent probably an investment of nearly \$500,000 and employ about 800 persons.

Some comments follow:

CHARLESTON.—This community has a Negro population of about 35,000 and an adjacent Negro population coming here for medical treatment of about 100,000.

Four Negro druggists including myself.

I fill about 3,000 prescriptions a year, not including repeats. General drug business good and increasing. Bulk of my patronage from the poorer class.

MUSKOGEE, I. T.—We are doing a nice drug business, average sales about one thousand (\$1,000) dollars a month.

CINCINNATI, O.—This store was opened April, 1904. The owner was forced to the wall October of the same year. A white druggist on the opposite corner bought him out. I offered him \$50 more than he gave for the store. He refused. I went up town and had a Jew to buy him out for less money.

WASHINGTON, D. C.—Having started with ten dollars without fixtures, etc., since have purchased fixtures, soda fountain, etc., with stock on hand assessed at \$1,300. Store now in debt \$50.

WASHINGTON, D. C.—This drug store is on one of the most popular business thoroughfares in the town, and is well patronized by the members of both races.

PORTSMOUTH, Va.—I started business with only \$16 and I went in debt to get my stock. I leased the place where I did business, paying \$10 per month. Now I've purchased a corner lot, paid \$1,400 for same. I built on this lot a two story brick building at a cost of \$2,500, all paid for.

ALBANY, GA.—Present stock paid in full \$7,000. Amount of dividends paid since beginning business \$3,400.

LITTLE ROCK, ARK.—First five years, discouraging, disgusting. Second five years an increase of confidence as the public saw that it was a permanent fixture and so many of our people had opened business on six months trial and quit. Last three years are record breakers.

NEWPORT, ARK.—The company is composed of twenty-six men and women. The colored people give the store hearty support, and many of the best white citizens are fast flocking in.

ANNISTON, ALA.—Wholesale and retail business.

15. The Eleventh Atlanta Conference

The Eleventh Atlanta Conference convened at Ware chapel, Atlanta University, Tuesday, May 29, 1906, and carried out the following programme:

First Session, 10 A. M.

President Horace Bumstead, presiding.

Subject: "Health of Students."

Mortality in Cities—Mr. R. R. Wright, Jr., of the University of Pennsylvania, Philadelphia.

Tuberculosis—Dr. W. F. Penn, of Atlanta.

Special Session, 11:30 A. M. (Room 15)

A Talk to Boys—Dr. W. E. B. Du Bois, of Atlanta University. (Open to Senior Preparatory boys and College men).

Second Session, 3 P. M.

Ninth Annual Mothers' Meeting.

In charge of the Gate City Free Kindergarten Association, Mrs. John Hope presiding.

Subject: "The Training of Children and Preventive Medicine."

Exhibit of Work and Exercises:

Kindergarten No. 1—Mrs. J. P. Williamson.

Kindergarten No. 2—Miss Ola Perry.

Child Training—Mrs. P. J. Bryant.

Preventive Medicine—Dr. A. G. Copeland.

Third Session, 8 P. M.

President Horace Bumstead, presiding.

Remarks—President Bumstead.

Subject: "Physique, Health, etc."

Tuberculosis—Dr. S. P. Lloyd, of Savannah.

Negro Physique—Dr. Franz Boas, of Columbia University, New York.

Seeing and Hearing—Dr. C. V. Roman, of Meharry Medical College, Nashville.

The final work of the Conference was the adoption of the following resolutions. The committee consisted of R. R. Wright, Jr., fellow of the University of Pennsylvania; Franz Boas, professor of Anthropology, of Columbia University; and W. E. B. DuBois, secretary of the Conference.

RESOLUTIONS

The Eleventh Atlanta Conference has made a study of the physique, health and mortality of the Negro American, reviewing the work of the first conference held ten years ago and gathered some of the available data at hand today.

The Conference notes first an undoubted betterment in the health of Negroes: the general death rate is lower, the infant mortality has markedly decreased, and the number of deaths from consumption is lessening.

The present death rate is still, however, far too high and the Conference recommends the formation of local health leagues among colored people for the dissemination of better knowledge of sanitation and preventive medicine. The general organizations throughout the country for bettering health ought to make special effort to reach the colored people. The health of the whole country depends in no little degree upon the health of Negroes.

Especial effort is needed to stamp out consumption. The Conference calls for concerted action to this end.

The Conference does not find any adequate scientific warrant for the assumption that the Negro race is inferior to other races in physical build or vitality. The present differences in mortality seem to be sufficiently explained by conditions of life; and physical measurements prove the Negro a normal human being capable of average human accomplishments.

The Conference is glad to learn of the forty (40) Negro hospitals, the two hundred (200) drug stores, and the fifteen hundred (1500) physicians, but points out that with all this advance the race is in dire need of better hospital facilities and more medical advice and attention.

The Conference above all reiterates its well known attitude toward this and all other social problems: the way to make conditions better is to study the conditions. And we urge again the systematic study of the Negro problems and ask all aid and sympathy for the work of this Conference in such study.

COMMENTS OF THE PRESS, 1896-1906

Boston Transcript, July 8, 1896:

Atlanta University, Atlanta, Ga., has undertaken a new and most important work for the benefit of the colored people living in cities.

U. S. Bulletin of Labor, May, 1897:

Great credit is due to the investigators for their work in the investigation.

Outlook, Jan. 28, 1898:

The report of the third annual Conference is now before us and is a valuable sociological publication.

London Spectator, March 31, 1900:

The future of the Negro population of the United States is a problem charged with such serious possibilities that any light which can be shed upon it by an examination of present conditions and tendencies deserves a most cordial welcome. This work is being done with much intelligence, discrimination and assiduity at the instance and under the inspiration of the Atlanta University.

Manchester Guardian, April 26, 1901:

Careful studies of the life of Negroes in the United States.

London Speaker, June 22, 1901:

As important and interesting as the reports that have preceded it.

Biblical World, July 1, 1901:

For anyone who wishes to understand this important subject this pamphlet gives a vast amount of information gathered at first-hand.

Hartford Courant, April 5, 1901:

Based upon painstaking investigation of the facts.

Publications of the Southern History Association, Sept., 1901; July, Sept., 1902; Nov., 1904:

Most admirable investigations into this vast ethnic problem.

A most capital piece of work on that mighty race question. . . . It goes without saying that we have a most competent study based on careful historical research.

The best scientific work on the Negro question of the last two or three years.

The work done under the direction of the Atlanta Conference is entitled to the respectful and thoughtful consideration of every man interested in any aspect of the life of the American Negro.

Dial, May 16, 1902:

These studies of the Negro problem which are being made with so much intelligence by Atlanta University are of great sociological and educational value, and deserve to be widely examined.

School Review, June, 1902:

The work of this conference is constructive and merits hearty support.

New Bedford Standard, May 10, 1902:

An exceptionally valuable study of one of the most important of all the problems connected with the presence of the Negro race in America.

Outlook, July 12, 1902:

Every year since their organization in 1896 the Atlanta Conferences have published an invaluable report upon present conditions among the Negroes.

American Journal of Sociology, May, 1903:

The most exhaustive study thus far made of the economic aspects of the problem.

Boston Herald, Feb. 24, 1903:

It is not easy to estimate too highly the series of yearly reports that are coming from Atlanta University relative to the condition of the Negro population of the country. They are social studies that treat of matters about which there is to be found nowhere else so carefully gathered and trustworthy information.

Outlook, Mar. 7, 1903:

No student of the race problem, no person who would either think or speak upon it intelligently, can afford to be ignorant of the facts brought out in the Atlanta series of sociological studies of the conditions and the progress of the Negro.

Philadelphia Press, Mar. 8, 1903:

The most important study which has been made . . . in which the industrial condition of the Negro is presented with an accuracy and minuteness which has marked all the issues which have succeeded the annual conferences held in connection with the [Atlanta] university.

South Atlantic Quarterly, Oct., 1904:

They constitute, so far as the reviewer can learn, the most important body of direct evidence ever published as to moral and religious conditions of our colored people.

N. Y. Evening Post, July 3, 1905:

The only scientific studies of the Negro question being made today are those carried on by Atlanta University.

N. Y. Observer Jan. 24, 1907:

It is therefore with pleasure that we welcome a thoughtful "Social Study" of Negro crime (particularly in Georgia) prepared under the auspices of Atlanta University, which has already done such good work for society in connection with its nine "Atlanta Conferences" for the study of pressing social problems.

